


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-06-2004 90003 045 ***158.75

DOCUMENT # P03000067823 1. Entity Name ACUPUNCTURE OF SARASOTA, INC.																																																																										
Principal Place of Business: 7731 HOLIDAY DRIVE SARASOTA, FL 34231			Mailing Address 7731 HOLIDAY DRIVE SARASOTA, FL 34231																																																																							
2. Principal Place of Business: Suite, Apt. #, etc.			3. Mailing Address: Suite, Apt. #, etc.																																																																							
City & State			City & State																																																																							
Zip		Country		Zip																																																																						
4. FEI Number 043-00-2070			Applied For <input type="checkbox"/> Not Applicable																																																																							
5. Certificate of Status Desired			\$8.75 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent: ALLEN, MARILYN B 7731 HOLIDAY DRIVE SARASOTA, FL 34231				7. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																										
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																						
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARILYN B. ALLEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7731 HOLIDAY DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL. 34231</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	PRESIDENT	<input type="checkbox"/> Delete	NAME	MARILYN B. ALLEN		STREET ADDRESS	7731 HOLIDAY DR.		CITY-ST-ZIP	SARASOTA FL. 34231																										TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																										
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: <i>Marilyn B. Allen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 8/3/04 <small>Date</small> </div> <div style="width: 30%; text-align: center;"> 941-923-3352 <small>Daytime Phone #</small> </div> </div>																																																																										

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