


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000083728

1. Entity Name
CENTER FOR ACUPUNCTURE & ORIENTAL MEDICINE, INC.



Principal Place of Business _____ Mailing Address _____
13324 SWALLOWTAIL DRIVE 13324 SWALLOWTAIL DR
BRADENTON, FL 34202-8241 BRADENTON, FL 34202

DO NOT WRITE IN THIS SPACE



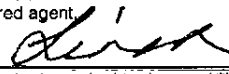
04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1199059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LIANG, SHAN
13324 SWALLOWTAIL DRIVE
BRADENTON, FL 34202

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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: **4-14-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

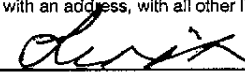
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIANG, SAHN 13324 SWALLOWTAIL DRIVE BRADENTON, FL 34202
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U00000312875
 04/18/05-80102-013 150.00

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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)(f), 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.

SIGNATURE:  DATE: **4-14-05** DAYTIME PHONE #: **(941)730-1644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #