


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000020702 1. Entity Name THE ALTERNATIVE-COMPLEMENTARY MEDICAL CONSULTANT, INC.	
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Principal Place of Business 1630 HARBOUR CAY LANE LONG BOAT KEY, FL 34228 US	Mailing Address 1630 HARBOUR CAY LANE LONG BOAT KEY, FL 34228 US
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0407812	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 WALL-APELT, HELGA DR. 1630 HARBOUR CAY LANE LONG BOAT KEY, FL 34228
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000153362
05/04/04-80124-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WALL-APELT, HELGA DR. 1299 S TAMIAMI TRAIL SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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:  4-30-04 383-5950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #