


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90141 001 ****75.00
01-22-2007 90141 002 ****75.00

DOCUMENT # P93000084531	
1. Entity Name AURICULAR THERAPY CENTER, INC.	

Principal Place of Business LEE MEMORIAL HOSPITAL 2780 CLEVELAND AVENUE FT. MYERS, FL 33901 US	Mailing Address 1470 ROYAL PALM SQ BLVD. FORT MYERS, FL 33919 US
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2. Principal Place of Business - No P.O. Box # 1320 ALCAZAR AVENUE	3. Mailing Address Suite, Apt. #, etc.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FORT MYERS, FL	City & State
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Zip 33901	Country US	Zip	Country
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01162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0453939	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTA, STEVEN 1619 JACKSON ST. FT. MYERS, FL 33901	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONNETTE, MARY L 1920 VIRGINIA AVE., #401 FORT MYERS, FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERAGHTY, BARBARA DENA 1320 ALCAZAR AVENUE FT. MYERS, FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary Bonnette 1/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #