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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005041 (6)

1. Corporation Name

A CENTER FOR ALTERNATIVE THERAPIES, INC.

Principal Place of Business

805 NORTH LAKEMONT AVE.
WINTER PARK FL 32782

Mailing Address

805 NORTH LAKEMONT AVE.
WINTER PARK FL 32782

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1994

4. FEI Number

50-3224274-59-3429340

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1850 E. Holly wood Ave

Suite, Apt. #, etc.

22

City & State

23 WINTER PARK, FL

Zip

24 32789

Country

25 Orange

2a. Mailing Address

26 1850 E. Holly wood Ave

Suite, Apt. #, etc.

27

City & State

28 WINTER PARK, FL

Zip

29 32789

Country

30 Orange

9. Name and Address of Current Registered Agent

ADAIR, JAMES
805 NORTH LAKEMONT AVE.
WINTER PARK FL 32782

10. Name and Address of New Registered Agent

81 Name

82 JAMES B. ADAIR

83 Street Address (P.O. Box Number is Not Acceptable)

1850 E. Holly wood Ave

84

City

Winter Park

FL

85

Zip Code

32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X James B. Adair

Signature, typed or printed name of registered agent and title if applicable

James B. Adair

(NOTE: Registered Agent signature required when reinstating)

4/08/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D ADAIR, JAMES

STREET ADDRESS 805 N. LAKEMONT AVE. 1850 E. Holly wood Ave

CITY-ST-ZIP WINTER PARK FL 32782 Winter Park, FL 32789

TITLE ☐ DELETE

NAME D ADAIR, ILANA

STREET ADDRESS 805 N. LAKEMONT AVE. 1850 E. Holly wood Ave

CITY-ST-ZIP WINTER PARK FL 32782 Winter Park, FL 32789

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X James B. Adair James B. Adair 4-8-98

CR2E034 (10/97)