

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90051 018 \*\*\*150.00

**DOCUMENT # P94000026167**

**1. Entity Name**  
**ORIENTAL MEDICINE & MASSAGE, INC.**

**Principal Place of Business**

**ANODYNE**  
**725 N. ALA SUITE E-208**  
**JUPITER FL 33408**  
**US**

**Mailing Address**

**ANODYNE**  
**725 N. ALA SUITE E-208**  
**JUPITER FL 33408**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**400 Executive Center DR**  
 Suite, Apt. #, etc.  
**Suite 202**

**3. Mailing Address**

**400 Executive Center DR**  
 Suite, Apt. #, etc.  
**Suite 202**

**City & State**  
**WEST PALM BEACH FL**

**City & State**  
**WEST PALM BEACH FL**

**4. FEI Number**  
**65-0477859**

**Applied For**  
 Not Applicable

**Zip**  
**33401**

**Country**  
**Palm Beach**

**Zip**  
**33401**

**Country**  
**PALM BEACH**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HOLTZ MARY MUELLER**  
**725 N ALA, SUITE E-208**  
**JUPITER FL 33408**

**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.**

**SIGNATURE** *Mary Holtz*

**DATE** **1-21-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	HOLTZ, ARNOLD	725 N ALA, E-208	JUPITER FL 33408	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	MARY HOLTZ	400 Executive Center DR # 202	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Mary Holtz* **MARY HOLTZ** **1-21-02** **561 687-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0060**

CR2E034 (9/01)