

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000026167

FILED
Jan 17, 2004
Secretary of State

Entity Name: ORIENTAL MEDICINE & MASSAGE, INC.

Current Principal Place of Business:

400 EDECUTIVE CENTER DRIVE
SUITE 202
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

5601 CORPORATE WAY
SUITE 102
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

400 EDECUTIVE CENTER DRIVE
SUITE 202
WEST PALM BEACH, FL 33401 US

New Mailing Address:

5601 CORPORATE WAY
SUITE 102
WEST PALM BEACH, FL 33407 US

FEI Number: 65-0477859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTZ MARY MUELLER
400 EXECUTIVE CENTER DR # 202
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

HOLTZ MARY MUELLER
5601 CORPORATE WAY
SUITE 102
WEST PALM BEACH, FL 33407 US

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:

01/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HOLTZ, ARNOLD
Address: 400 EXE CTR DR 202
City-St-Zip: JUPITER, FL 33408

Title: T () Delete
Name: HOLTZ, ARNOLD
Address: 400 EXEC CENTER DRIVE 202
City-St-Zip: WEST PALM BEACH, FL 334010

Title: P () Delete
Name: HOLTZ, MARY
Address: 400 EXECUTIVE CENTER DR #202
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HOLTZ, ARNOLD
Address: 5601 CORPORATE WAY, SUITE 102
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: T (X) Change () Addition
Name: HOLTZ, ARNOLD
Address: 5601 CORPORATE WAY, SUITE 102
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: P (X) Change () Addition
Name: HOLTZ, MARY
Address: 5601 CORPORATE WAY, SUITE 102
City-St-Zip: WEST PALM BEACH, FL 33407 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD HOLTZ

T

01/17/2004

Electronic Signature of Signing Officer or Director

Date