


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90173 038 \*\*\*150.00

DOCUMENT # **P94000026167**

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



Principal Place of Business *- Spelling*  
**400 EDEUCATIVE CENTER DRIVE  
SUITE 202  
WEST PALM BEACH FL 33401  
US**

Mailing Address  
**400 EDEUCATIVE CENTER DRIVE  
SUITE 202  
WEST PALM BEACH FL 33401  
US**



2. Principal Place of Business  
**400 EXECUTIVE Center  
Suite, Apt. #, etc. DR.**

3. Mailing Address  
**400 EXECUTIVE Center DR.**

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0477859**

Applied For  
 Not Applicable

Zip Country Zip Country

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 **MARY MUELLER HOLTZ**

Street Address (P.O. Box Number is Not Acceptable)  
**400 Executive Center Dr. # 202**

City **West Palm Beach FL** FL Zip Code **33408**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	<b>HOLTZ, ARNOLD</b>
STREET ADDRESS	<b>400 EXE CTR DR 202</b>
CITY-ST-ZIP	<b>JUPITER FL 33408</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLTZ, ARTHUR</b>
STREET ADDRESS	<b>400 EXEC CENTER DRIVE 202</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 334010</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mary Mueller Holtz</b>
STREET ADDRESS	<b>400 EXE CTR DR 202</b>
CITY-ST-ZIP	<b>WEST Palm Beach, FL. 33401</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Holtz, Arnold</b>
STREET ADDRESS	<b>400 EXE CTR DR 202</b>
CITY-ST-ZIP	<b>WEST Palm Beach, FL - 33401</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Mueller Holtz* **JAN 07 2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)