

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052132 (5)

1. Corporation Name

FLORIDA SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDIC
INE, INC.



Principal Place of Business

Mailing Address

2631 N. W. 41ST STREET
SUITE B-2
GAINESVILLE FL 32606

2631 N. W. 41ST STREET
SUITE B-2
GAINESVILLE FL 32606

3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report
09/29/1995

2. Principal Place of Business

2a. Mailing Address

21 1705 NW 6th STREET

26 1705 NW 6th STREET

4. FEI Number

59-3261059

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 32609 25 USA

29 32609 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL, THOMAS A
623 NORTH MAIN STREET
GAINESVILLE FL 32601

81 Name

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

83

84 City

FL

85 Zip Code

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

Thomas A. Daniel
Signature typed in full and name of registered agent and title if applicable

THOMAS A. DANIEL

6-13-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BOLE, DAVID
STREET ADDRESS 6425 N. W. 54TH WAY
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ DELETE
NAME BOLE, JOY R
STREET ADDRESS 6425 N. W. 54TH WAY
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ DELETE
NAME ALLEN, ALICE TUCKER
STREET ADDRESS 507 N.W. 39TH ROAD, #315
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☒ Change ☐ Addition
12 NAME SAME
13 STREET ADDRESS 1705 NW 6th ST.
14 CITY-ST-ZIP GAINESVILLE, FL 32609

21 TITLE ☒ Change ☐ Addition
22 NAME SAME
23 STREET ADDRESS 1705 NW 6th ST.
24 CITY-ST-ZIP GAINESVILLE, FL 32609

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David N. Bole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID N. BOLE

6/7/96

DATE

352 371-2833

Daytime Phone #

CR2E034 (3/96)