

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049954

FILED
Mar 19, 2004
Secretary of State

Entity Name: ACUPUNCTURE PHYSICIANS ASSOCIATION, INC.

Current Principal Place of Business:

10506 N KENDALL DR
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

10506 N KENDALL DR
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0597230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNE, RICHARD M.
10506 N KENDALL DR
SUITE 206
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BROWNE, RICHARD M
Address: 9835 SUNSET DRIVE
City-St-Zip: MIAMI, FL

Title: VT () Delete
Name: BROWNE, NANCY
Address: 9255 SW 99 STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BROWNE, RICHARD M
Address: 9255 SW 99TH ST.
City-St-Zip: MIAMI, FL 33176

Title: VT (X) Change () Addition
Name: BROWNE, NANCY
Address: 9255 SW 99 STREET
City-St-Zip: MIAMI, FL 33176

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: NANCY BROWNE

VP

03/19/2004

Electronic Signature of Signing Officer or Director

Date