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FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000078336 (1)

1. Corporation Name

COASTAL NATURAL HEALTH AND ACUPUNCTURE CLINIC, I
NC.

Principal Place of Business

Mailing Address

1635 S RIDGEWOOD AVE
SOUTH DAYTONA FL 32119

1635 S RIDGEWOOD AVE
SOUTH DAYTONA FL 32119-8427



2. Principal Place of Business

2a. Mailing Address

21 1635 S. Ridgewood Ave

1635 S. Ridgewood Ave

22 Ste. 107

27 Ste. 107

23 So. Daytona, FL

28 So. Daytona, FL

24 32119

25 Volusia

29 32119

30 Volusia

9. Name and Address of Current Registered Agent

O'GWYNN, PATRICIA J
1010 N SWALLOWTRAIL DRIVE 493 Merrimac Dr.
SUITE 1008
PORT ORANGE FL 32127 Port Orange, FL 32127

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

06/04/1996

4. FEI Number

59-3352165

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name Patricia J. O'Gwynn
82 Street Address (P.O. Box Number is Not Acceptable)
493 Merrimac Dr.
83
84 City Port Orange FL 85 Zip Code 32127

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 Patricia J. O'Gwynn, Pres./Owner Patricia J. O'Gwynn 4/10/97
(NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'GWYNN, PATRICIA J	
STREET ADDRESS	493 MERRIMAC DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Patricia J. O'Gwynn, Pres./Owner
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia J. O'Gwynn

4/10/97 (904) 788-6300
Date Daytime Phone #

0022523

CR2E034 (9/96)