

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90189 038 ***150.00

0116477

DOCUMENT # P96000036456

1. Entity Name

ORIENTAL MEDICINE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

100 NE 15 STREET
 SUITE 103B
 HOMESTEAD FL 33030
 US

444 N.W. 23RD STREET
 HOMESTEAD FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0668276

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, CHARLOTTE A
444 N.W. 23RD STREET
HOMESTEAD FL 33030

Name

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

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 STREET ADDRESS **JAMES, CHARLOTTE A**
 CITY-ST-ZIP **444 N.W. 23RD STREET**
HOMESTEAD FL 33030

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **CARLON, JOHN T JR**
 CITY-ST-ZIP **2737 E. OAKLAND PARK BLVD. SUTIE 202**
FT. LAUDERDALE FL 33306

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte A. James
CHARLOTTE A. JAMES

Date

1-22-01

Daytime Phone #

305-247-8178

CR2E034 (10/00)