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FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000052306 (2)

1. Corporation Name

ALTERNATIVE MEDICAL CONCEPTS, INC.

Principal Place of Business

3601 CARLTON PL.
BOCA RATON FL 33496

Mailing Address

3601 CARLTON PL.
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

65-0762492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 260850

Suite, Apt. #, etc.

22 PENROKE PINES, FL

City & State

23 33026

Zip

Country

24 BROWARD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHLOSSER, MARGI
3601 CARLTON PL.
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

LAWRENCE, JODIE

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

1777 CHADES ROAD

83

Suite 300

84 City

BOCA RATON

FL

85 Zip Code

33484

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

Jodi Lawrence - Jodi Lawrence

5/5/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME SCHLOSSER, MARGI

STREET ADDRESS 3601 CARLTON PL.

CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ DELETE

NAME LAWSON, GARTH

STREET ADDRESS P.O. Box 260850

CITY-ST-ZIP PENROKE PINES, FL 33026

TITLE ☐ DELETE

NAME LAWSON, GARTH

STREET ADDRESS P.O. Box 260850

CITY-ST-ZIP PENROKE PINES, FL 33026

TITLE ☐ DELETE

NAME TREAS D

STREET ADDRESS SCHLOSSER, GERALD

CITY-ST-ZIP 20361 MONTEVERDI CIR

CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 officer 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 on an attachment with an address.

SIGNATURE:

4/21/98

CR2E034 (10/97)