Apr 24 00 12:04p

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May 08, 2000 8:00 am
Secretary of State
05-08-2000 90217 035 ***150.00

C0083088

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063186

1. Entity Name

INTERNATIONAL CONGRESS OF COMPLEMENTARY MEDICINE, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6 FLETCHER LANE	6 FLETCHER LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAVANNAH GA	City & State: SAVANNAH GA
Zip: 31411 Country: U.S.A.	Zip: 31411 Country: U.S.A.

4. FEI Number: 65-0787363 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: ANTHONY G. COLEMAN, JR.
Street Address (P.O. Box Number is Not Acceptable): 6194 NORTH FEDERAL HIGHWAY
City: BOCA RATON FL Zip Code: 33487

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] APRIL 24, 2000
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, 2000 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		Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	P/D CONSUELO RUDAS SAME AS ABOVE	☐	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐	☐
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	VP/D ROBERT J. RUDAS SAME AS ABOVE	☐	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐	☐
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		☐	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐	☐
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CR2E034 (9/99)

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: X [signature] Consuelo S. Rudas x April 24, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F 1