

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000067198 (6)

1. Corporation Name

FAMILY ACUPUNCTURE CENTER, INC.

Principal Place of Business

2426 BEE RIDGE RD SUITE B  
SARASOTA FL 34239

Mailing Address

2426 BEE RIDGE RD SUITE B  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

65-0773565

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PARISI, JEFF  
3313 LEXINGTON ST.  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

Vicki Coan

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

2426 Bee Ridge Rd., Ste. B

83

Sarasota

84

City

FL

85

Zip Code  
34239

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

Vicki Coan, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

3-8-98

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Registered Agent, V. Pres., Treasurer  
Parisi, Jeff  
3313 Lexington St.  
Sarasota, FL 34231

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Vice Pres / T  
Stephen S. Coan  
1760 Saddle Creek Trail  
Sarasota, FL 34241

☐ Change

☒ Addition

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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 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 on an attachment with an address.

SIGNATURE:

Star S Coan

3-9-98

941-985-4365

CR2E034 (10/97)