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Secretary of State

04-27-1999 90020 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000040497			
1. Corporation Name ALTERNATIVE MEDICAL CENTER FOR ACUPUNCTURE & HERBS, INC.			
Principal Place of Business 8760 HOLLY COURT #201 TAMARAC FL 33321		Mailing Address 8760 HOLLY COURT #201 TAMARAC FL 33321	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 05/04/1998			
2. Principal Place of Business 8651 W. McNab Rd		2a. Mailing Address 8651 W McNab Rd	
Suite, Apt. #, etc. VIA		Suite, Apt. #, etc. VIA	
City & State TAMARAC FL		City & State TAMARAC FL	
Zip 33321		Zip 33321	
Country USA		Country USA	
9. Name and Address of Current Registered Agent LEVINE & SEGAUL, P.A. SUITE A-106 4300 NORTH UNIVERSITY DRIVE FORT LAUDERDALE FL 33351		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable (NOT if Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PRES. <input type="checkbox"/> DELETE NAME GAIL L Berns STREET ADDRESS 8760 Holly Ct. #201 CITY-STATE-ZIP TAMARAC FL 33321		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-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with a different like empowered.

SIGNATURE:

Gail L Berns
GAIL L Berns
President

1/5/99

718-6023

CR2E034 (11/98)