AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$_30).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000091785

CENTRE FOR ALTERNATIVE MEDICINE, INC.

Mailing Address Principal Place of Business

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90028 023 ***150.00

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4270 ALOMA AVE 4270 ALOMA AVE WINTER PARK FL 32792 WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/26/1998 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 26 1455 Sendran Blud 74-2895901 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees asselberi Trust Fund Contribution Country 8. This corporation owes the current year Yes <u>seminal</u> e Intangible Personal Property. 9. Name and Address of Current Registered Agent 30 10, Name and Address of New Registered Agent HARRIS, MARK W Street Address (P.O. Box Number is Not Acceptable) 82 4270 ALOMA AVE WINTER PARK FL 32792 Zip Code Cin 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 DATE (NOTE: Registered Agent signature in Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition 1 1 7777 F DELETE ME 1 7 NAME HARRIS, MARK W NAME 4270 ALOMA AVE 1.3 STREET ADDRESS STREET ADORES! WINTER PARK FL 32782 t.4 City-S7-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.2 NAME MUELLER, JEFFREY NAME 2.3 STREET ADDRESS 3020 HILIDAY AVE STREET ADDRESS APOPKA FL 32703 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 3.1 TITLE TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 4.1 TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP Change Addition 51TMF OELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE 6.2 NAME NAME A 3 STREET ADDRESS B.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 each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears

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