2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P98000091785

Entity Name: CENTRE FOR ALTERNATIVE MEDICINE, INC.

Current Principal Place of Business:

1455 SEMORAN BLVD
#299
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1455 SEMORAN BLVD
#299
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 74-2895901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, MARK W
977 ENGLISH TOWN LN #173
SAINT PETERSBURG, FL 33708

Name and Address of New Registered Agent:

HARRIS, MARK W
5611 BEARSTONE RUN
OVIEDO, FL 32765

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: _____ 01/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARRIS, MARK W
Address: 1036 HENSON CT
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete
Name: MUELLER, JEFFREY
Address: 2317 EASTBROOK BLVD
City-St-Zip: WINTER PARK, FL 32792

Title: T ( ) Delete
Name: HARRIS, ELIZABETH
Address: 977 ENGLISH TOWN LN #173
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK W HARRIS,D.C.,CCSP D 01/06/2004
Electronic Signature of Signing Officer or Director — Date