

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054902

FILED
Apr 06, 2004
Secretary of State

Entity Name: ALTERNATIVE THERAPY CENTER, INC.

Current Principal Place of Business:

1502 DUNDEE ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

1502 DUNDEE ROAD
WINTER HAVEN, FL 338841012 US

Current Mailing Address:

P O BOX 1971
WINTER HAVEN, FL 338831971

New Mailing Address:

P O BOX 1971
WINTER HAVEN, FL 338831971 US

FEI Number: 59-3587386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELA-LOPEZ, ENRIQUE
1502 DUNDEE ROAD
WINTER HAVEN, FL 33884

Name and Address of New Registered Agent:

VELA-LOPEZ, ENRIQUE
1502 DUNDEE ROAD
WINTER HAVEN, FL 338841012

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: ENRIQUE VELA-LOPEZ

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LOPEZ, ENRIQUE V
Address: 1502 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VST () Delete
Name: MARQUEZ, UTE M
Address: 1502 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VELA-LOPEZ, ENRIQUE
Address: 1502 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: VTD (X) Change () Addition
Name: MARQUEZ, UTE M
Address: 1502 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: S () Change (X) Addition
Name: NELSON, KARIN G
Address: 112 AVENUE E SW
City-St-Zip: WINTER HAVEN, FL 338803402 US

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: KARIN G. NELSON

S

04/06/2004

Electronic Signature of Signing Officer or Director

Date