

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065318

FILED
May 02, 2005
Secretary of State

Entity Name: THEUS ACUPUNCTURE MEDICAL CENTER, INC.

Current Principal Place of Business:

4845 NORTH DIXIE HIGHWAY
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4845 NORTH DIXIE HIGHWAY
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 65-0932484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEUS, SAINLOUITANE
4742 NW 6TH AVENUE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: THEUS, SAINLOUITANE
Address: 4742 N.W. 6TH AVE.
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP () Delete
Name: THEUS, KESNEY
Address: 4742 N.W. 6TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SAINLOUITANE THEUS

P

05/02/2005

Electronic Signature of Signing Officer or Director

Date