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**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19068 (3)
1. Corporation Name
THE WORSLEY CENTRE FOR CLASSICAL ACUPUNCTURE, IN C.



Principal Place of Business: 6175 NW 153RD STREET SUITE 324 MIAMI LAKES FL 33014
Mailing Address: 6175 NW 153RD STREET SUITE 324 MIAMI LAKES FL 33014-2435

3. Date Incorporated or Qualified: 12/14/1990
3a. Date of Last Report: 07/01/1996
4. FEI Number: 65-0230782
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CHASE, ALAN 9400 SOUTH DADELAND BLVD #600 MIAMI FL 33156
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	WORSLEY, BECKER, JUDY	1.1 TITLE	
NAME:		1.2 NAME	
STREET ADDRESS: 6175 NW 153 ST #324		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI LAKES FL		1.4 CITY-ST-ZIP	
TITLE: VD	WORSLEY, J R	2.1 TITLE	
NAME:		2.2 NAME	
STREET ADDRESS: 6175 NW 153 ST, #324		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI LAKES FL		2.4 CITY-ST-ZIP	
TITLE: D	REZBEJM DIRUT	3.1 TITLE	
NAME:		3.2 NAME	
STREET ADDRESS: 6175 NW 153 ST SUITE 324		3.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI LAKES FL		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE: _____ DATE: 4/7/97 (305) 823-7270

CR2E034 (9/96)