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FILED
Feb 13 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S19068 (3) *NC 12/1/97*

1. Corporation Name
~~THE WOODLEY CENTRE FOR CLASSICAL ACUPUNCTURE IN~~
~~OF FIVE ELEMENT ACUPUNCTURE~~
~~CLINIC, INC.~~

Principal Place of Business Mailing Address

6175 NW 153RD STREET SUITE 324 MIAMI LAKES FL 33014

6175 NW 153RD STREET SUITE 324 MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 1170-A E. Hallandale Beach Blvd
 Suite, Apt. #, etc. Beach Blvd

22 City & State
 23 Hallandale FL

24 Zip 33009 25 Country USA

26 1170-A E. Hallandale Beach Blvd
 Suite, Apt. #, etc. Beach Blvd

27 City & State
 28 Hallandale FL

29 Zip 33009 30 Country USA

3. Date Incorporated or Qualified
 12/14/1990

4. FEI Number 65-0230782 Applied For Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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 FL 85 Zip Code

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME REZBEJM DIRUT

STREET ADDRESS 6175 NW 153 ST SUITE 324

CITY-ST-ZIP MIAMI LAKES FL

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME D Dorit Reznek

1.3 STREET ADDRESS 1170-A E. Hallandale Beach Blvd

1.4 CITY-ST-ZIP Hallandale, FL 33009

2.1 TITLE Change Addition

2.2 NAME D Carol Sigler

2.3 STREET ADDRESS 81 Gould St, ~~PO Box 2065~~

2.4 CITY-ST-ZIP East Hampton, NY 11937

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002430840
 -02/16/98--01009--005
 ***150.00

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 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: *Dorit Reznek* **DORIT REZNEK** 2/9/98 (954) 456-6336

CR2E034 (10/97)