

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V36804 (5)
1. Corporation Name
ACCUPUNCTURE & NATURAL HEALTH CARE CENTER, INC.

Principal Place of Business
12734 KENWOOD LANE
30
FT. MYERS FL 33907
US

Mailing Address
2430 OLD GROVES ROAD
104
NAPLES FL 33942
US

FILED
Sep 17 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 660 NINTH ST N Suite, Apt. #, etc. 22 # 1 City & State 23 NAPLES, FL Zip 24 34102	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34109 Country 30	3. Date Incorporated or Qualified 05/15/1992 3a. Date of Last Report 06/17/1996 4. FEI Number 65-0329188 Applied For Not Applicable 5. Certificate of Status Desired 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent NAIR, DAN 2500 TAMiami TRAIL SUITE 220 NAPLES FL 33942	10. Name and Address of New Registered Agent 81 Name NAIR, DAN 82 Street Address (P.O. Box Number is Not Acceptable) 660 NINTH ST N SUITE 1 83 84 City NAPLES 85 Zip Code 34102
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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	NAME	1.1 TITLE	1.2 NAME
NAME	2500 TAMiami TR. #220	1.3 STREET ADDRESS	660 NINTH ST N #1
STREET ADDRESS	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 34102
CITY-ST-ZIP		2.1 TITLE	2.2 NAME
TITLE		2.3 STREET ADDRESS	
NAME		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	3.2 NAME
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	
NAME		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 as an attachment with an address.

SIGNATURE: Sandra B. Mortham 9-10-97 9412616601

CR2E034 (4/97)