


**2008 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000021615**  
 1. Entity Name  
**BLOOMINGDALE ACUPUNCTURE, P.A.**



Principal Place of Business 110 EAST BLOOMINGDALE AVENUE BRANDON, FL 33511	Mailing Address 110 EAST BLOOMINGDALE AVENUE BRANDON, FL 33511
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**DO NOT WRITE IN THIS SPACE**



06202008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1163716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CACERES, GUILLERMO  
 110 EAST BLOOMINGDALE AVENUE  
 BRANDON, FL 33511

**DO NOT WRITE IN THIS SPACE**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE 06/23/08-80001-019 150.00

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACERES, GUILLERMO 110 EAST BLOOMINGDALE AVENUE BRANDON, FL 33511
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Guillermo Caceres 06/20/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #