

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104197

FILED
Mar 10, 2009
Secretary of State

Entity Name: ACUPUNCTURE PHYSICIANS GROUP, LLC

Current Principal Place of Business:

2568 CLEMATIS STREET
SARASOTA, FL 34239

New Principal Place of Business:

3920 BEE RIDGE RD.
BLDG E, SUITE G
SARASOTA, FL 34233

Current Mailing Address:

2568 CLEMATIS STREET
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 26-3691642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, JOHN M
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236 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

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: A.P. () Change (X) Addition
Name: BOCIEK, KIMBERLY A A.P.
Address: 3920 BEE RIDGE RD.
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIMBERLY A. BOCIEK

A.P.

03/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date