

# 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