

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000010088

**Entity Name:** ACUPUNCTURE CENTER FOR WELLNESS INC.

**Current Principal Place of Business:**

16666 NE 19TH AVE.  
111  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

16666 NE 19TH AVE.  
111  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 20-0616508

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GONZALEZ-POUZA, ROXANA M  
16666 NE 19 AVE.  
111  
NORTH MIAMI BEACH, FL 33162 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	GONZALEZ-POUZA, ROXANA M	Name	OCHOA, ELENA C
Address	10221 SW 82 CT.	Address	600 NE 36 ST 722
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33137

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROXANA GONZALEZ-POUZA

**PRESIDENT**

**04/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date