

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000022272

**FILED**  
**Apr 13, 2013**  
**Secretary of State**  
**CC832495530**

**Entity Name:** BOCA ACUPUNCTURE, INC.

**Current Principal Place of Business:**

190 NW SPANISH RIVER BLVD., SUITE 202  
BOCA RATON, FL 33431

**Current Mailing Address:**

6308 AMBERWOODS DRIVE  
BOCA RATON, FL 33433 US

**FEI Number:** 27-5407822

**Certificate of Status Desired:** Yes

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

BLOCH, LEONARD P  
6308 AMBERWOODS DRIVE  
BOCA RATON, FL 33433 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 PVD  
Name BLOCH, LENNY  
Address 6308 AMBERWOODS DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title STD  
Name BLOCH, JULIE  
Address 6308 AMBERWOODS DRIVE  
City-State-Zip: BOCA RATON FL 33433

*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:** LENNY BLOCH

**PRESIDENT/OWNER**

**04/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date