

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000054459

**Entity Name:** ACUPUNCTURE HOLISTIC MEDICINE RA INC

**Current Principal Place of Business:**

6225 SW 131 CT  
#103  
MIAMI, FL 33183

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC5150427663**

**Current Mailing Address:**

6225 SW 131 CT  
#103  
MIAMI, FL 33183

**FEI Number: 47-4378843**

**Certificate of Status Desired: No**

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

APONTE & ASSOCIATES LLC  
7235 CORAL WAY  
SUITE 202  
MIAMI, FL 33155 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	RODRIGUEZ, RAIDA L	Name	MURGUIA, ALVARO F
Address	6225 SW 131 CT #103	Address	6225 SW 131 CT #103
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33183

*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: RAIDA RODRIGUEZ**

**P**

**04/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date