

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104197

Entity Name: ACUPUNCTURE PHYSICIANS GROUP, LLC

Current Principal Place of Business:

1219 EAST AVE.
SUITE 202
SARASOTA, FL 34239

Current Mailing Address:

1219 EAST AVE.
SUITE 202
SARASOTA, FL 34239 US

FEI Number: 26-3691642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN WINKLE, LAINIE
3859 BEE RIDGE ROAD
202
SARASOTA, FL 34233 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: LAINIE VAN WINKLE , P.A.

01/12/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title A.P.
Name BOCIEK, KIMBERLY AA.P.
Address 1219 EAST AVE.
 SUITE 202
City-State-Zip: SARASOTA FL 34239

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY A. BOCIEK

OWNER A.P.

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date