

**2013 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:**

PALM TREE TAX & CONSULTING, INC.  
3859 BEE RIDGE ROAD  
101  
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:**

\_\_\_\_\_  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BOCIEK, KIMBERLY

**OWNER/A.P.**

**02/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date