

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000063150

**Entity Name:** TCM ACUPUNCTURE CLINIC, LLC

**Current Principal Place of Business:**

8603 S. DIXIE HWY  
SUITE 208  
MIAMI, FL 33143

**FILED**  
**Oct 23, 2013**  
**Secretary of State**  
**CC3326307327**

**Current Mailing Address:**

8603 S. DIXIE HWY  
SUITE 208  
MIAMI, FL 33143 US

**FEI Number: 45-5272016**

**Certificate of Status Desired: Yes**

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

CHEN, HONG  
8603 S. DIXIE HWY  
SUITE 208  
MIAMI, FL 33143 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            MGR  
Name            CHEN, HONG  
Address        8603 S. DIXIE HWY  
                  SUITE 208  
City-State-Zip: MIAMI FL 33143

*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: HONG CHEN**

**OWNER**

**10/23/2013**

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

\_\_\_\_\_  
Date