

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 613984

1. Entity Name
ACUPUNCTURE AND PHYSICAL THERAPY, INC.



Principal Place of Business

**5401 COLLINS AVE
CU12
MIAMI BEACH, FL 33140 US**

Mailing Address

**5401 COLLINS AVE
CU12
MIAMI BEACH, FL 33140 US**



03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1900414

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIN, LINDA W
5401 COLLINS AVE
CU12
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000112510
04/14/04-80041-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHIN, LINDA W
STREET ADDRESS	5401 COLLINS AVE CU12
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/04 305-866-6911

Date

Daytime Phone #