
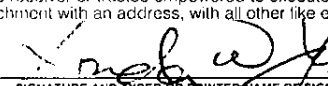


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90009 024 \*\*\*150.00

<b>DOCUMENT # 613984</b>					
<b>1. Entity Name</b> ACUPUNCTURE AND PHYSICAL THERAPY, INC.					
<b>Principal Place of Business</b> 5401 COLLINS AVE CU12 MIAMI BEACH, FL 33140 US			<b>Mailing Address</b> 5401 COLLINS AVE CU12 MIAMI BEACH, FL 33140 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1900414	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
YUEH, LINDA W 5401 COLLINS AVE CU12 MIAMI BEACH, FL 33140			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> Due by September 12, 2008		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CHIN, LINDA W 5401 COLLINS AVE CU12 MIAMI BEACH, FL 33140			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
					PD YUEH, LINDA W 5401 COLLINS AVE CU12 MIAMI BEACH, FL 33140
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE: X</b>  <b>LINDA W. YUEH</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>7-12-08</b> Daytime Phone # <b>305-609-4770</b>	