

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028270

FILED
Jan 30, 2007
Secretary of State

Entity Name: ACUPUNCTURE HEALING CENTER, LLC

Current Principal Place of Business:

3737 BAHIA VISTA ST
SUITE 5
SARASOTA, FL 34232

New Principal Place of Business:

1219 EAST AVENUE SOUTH
SUITE 104
SARASOTA, FL 34239

Current Mailing Address:

4857 PROCTOR OAKS CT
SARASOTA, FL 34233

New Mailing Address:

1219 EAST AVENUE SOUTH
SUITE 104
SARASOTA, FL 34239

FEI Number: 20-1335830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUMAS, SHAUN L A.P.
4857 PROCTOR OAKS CT
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

DUMAS, SHAUN L A.P.
1219 EAST AVENUE SOUTH
SUITE 104
SARASOTA, FL 34239 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:

01/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUMAS, SHAUN L AP
Address: 4857 PROCTOR OAKS CT
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: SHAUN L DUMAS

MGRM

01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date