

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019845

FILED
Jun 30, 2005
Secretary of State

Entity Name: HOFER ACUPUNCTURE CENTER, LLC

Current Principal Place of Business:

16517 VANDERBILT DRIVE, STE. #2
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

16517 VANDERBILT DR., SUITE #2
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 42-1622741 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOFER, GREGORY
23520 WALDEN CENTER DR., #107
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

HOFER, GREGORY
4543 DEL RIO LANE
BONITA SPRINGS, FL 34134 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: GREGORY HOFER

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOFER, GREGORY
Address: 23520 WALDEN CENTER DR., #107
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOFER, GREGORY
Address: 4543 DEL RIO LANE
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREGORY HOFER

MGRM

06/30/2005

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