

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076779

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** TRADITIONAL ACUPUNCTURE CENTER, L.L.C.

**Current Principal Place of Business:**

1204 NW 10TH AVE.  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

1216 NW 9TH AVE.  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1204 NW 10TH AVE.  
GAINESVILLE, FL 32601

**New Mailing Address:**

1216 NW 9TH AVE.  
GAINESVILLE, FL 32601

**FEI Number:** 20-1817510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANIEL, THOMAS A  
623 NORTH MAIN STREET  
GAINESVILLE, FL 32601 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BOLE, DAVID N  
Address: 1216 NW 9TH AVE.  
City-St-Zip: GAINESVILLE, FL 32601

I hereby 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: DAVID N. BOLE

MGR

02/15/2010

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