

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90204 008 \*\*\*\*50.00

<b>DOCUMENT # L05000036932</b>					
<b>1. Entity Name</b> OM ACUPUNCTURE CENTER LLC					
<b>Principal Place of Business</b> 3100 GULF BREEZE PARKWAY GULF BREEZE, FL 32563    US			<b>Mailing Address</b> 1702 VIA DE LUNA PENSACOLA BEACH, FL 32561    US		
<b>2. Principal Place of Business</b> 107-A Baybridge Dr. Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Gulf Breeze, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-2686382	
<b>Zip</b> 32561		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> O'BRIEN, LAUREN C 1702 VIA DE LUNA PENSACOLA BEACH, FL 32561			<b>7. Name and Address of New Registered Agent</b> Name: Buckley, Lauren O. Street Address (P.O. Box Number is Not Acceptable): 1702 Via de Luna City: Pensacola Beach    FL    Zip Code: 32561		
<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: <u>Lauren O. Buckley, Aff.</u> DATE: <u>3/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR O'BRIEN, LAUREN C 1702 VIA DE LUNA PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR Buckley, Lauren O. 1702 Via de Luna Pensacola Beach, FL 32561 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. 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 is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> <u>Lauren O. Buckley, Aff.</u>			Date: <u>3/1/06</u> Daytime Phone #: <u>850-549-8395</u>		