2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# L05000098596

Entity Name: AURICULOTHERAPY CENTER, LLC

Current Principal Place of Business:

1920 VIRGINIA AVENUE #401
FT. MYERS, FL 33901

New Principal Place of Business:

1920 VIRGINIA AVENUE
401
FT. MYERS, FL 33901

Current Mailing Address:

1920 VIRGINIA AVENUE #401
FT. MYERS, FL 33901

New Mailing Address:

1920 VIRGINIA AVENUE
401
FT. MYERS, FL 33901

FEI Number: 20-3621424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

BONNETTE, MARY L
1920 VIRGINIA AVENUE #401
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

BONNETTE, MARY L PRESIDE
1920 VIRGINIA AVENUE
401
FT. MYERS, FL 33901 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: MARY L. BONNETTE 07/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BONNETTE, MARY L
Address: 1920 VIRGINIA AVENUE #401
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BONNETTE, MARY L PHD, RN
Address: 1920 VIRGINIA AVENUE #401
City-St-Zip: FT. MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify 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: MARY L. BONNETTE PRES 07/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date