

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051133

FILED
Feb 05, 2008
Secretary of State

Entity Name: THE CENTER FOR ACUPUNCTURE AND ALTERNATIVE MEDICINE LLC

Current Principal Place of Business:

937 LAUREL ROAD
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

937 LAUREL ROAD
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 06-1779094 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLISON, HARRY C
937 LAUREL ROAD
NORTH PALM BEACH, FL 33408 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 () Delete
Name: ALLISON, HARRY C
Address: 937 LAUREL ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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 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: HARRY ALLISON

MGR

02/05/2008

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