

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051133

FILED
Jan 28, 2009
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:

329 A MARLBOROUGH ROAD
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

937 LAUREL ROAD
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

329 A MARLBOROUGH ROAD
WEST PALM BEACH, FL 33405 US

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:

ALLISON, HARRY C
329 A MARLBOROUGH ROAD
WEST PALM BEACH, FL 33405 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: CHRIS ALLISON

01/28/2009

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: MGR (X) Change () Addition
Name: ALLISON, HARRY C
Address: 329 A MARLBOROUGH ROAD
City-St-Zip: WEST PALM BEACH, FL 33405 US

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: CHRIS ALLISON

MNG

01/28/2009

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