

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051133

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** THE CENTER FOR ACUPUNCTURE AND ALTERNATIVE MEDICINE LLC

**Current Principal Place of Business:**

329 A MARLBOROUGH ROAD  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

331 MARLBOROUGH ROAD  
WEST PALM BEACH, FL 33405 US

**Current Mailing Address:**

329 A MARLBOROUGH ROAD  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

331 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  
329 A MARLBOROUGH ROAD  
WEST PALM BEACH, FL 33405 US

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

ALLISON, HARRY C  
331 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: HARRY C. ALLISON

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALLISON, HARRY C  
Address: 331 MARLBOROUGH ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405 US

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: HARRY C ALLISON

MGR

01/05/2010

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