

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051133

**FILED
Jan 08, 2012
Secretary of State**

Entity Name: THE CENTER FOR ACUPUNCTURE AND ALTERNATIVE MEDICINE LLC

Current Principal Place of Business:

3821 SW COQUINA COVE WAY
202
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

3821 SW COQUINA COVE WAY
202
PALM CITY, FL 34990 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
3821 SW COQUINA COVE WAY
202
PALM CITY, FL 34990 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
Name: ALLISON, HARRY C
Address: 3821 SW COQUINA COVE WAY
City-St-Zip: PALM CITY, FL 34899 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 ALLISON MGR 01/08/2012

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