

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101214

FILED
Feb 07, 2007
Secretary of State

Entity Name: TODD E. GEGERSON, ACUPUNCTURE PHYSICIAN LLC

Current Principal Place of Business:

12139 S. DIXIE HWY
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

12139 S. DIXIE HWY
MIAMI, FL 33156

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GEGERSON, TODD E
12139 S. DIXIE HWY
MIAMI, FL 33156 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: GEGERSON, TODD E
Address: 12139 S DIXIE HWY
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD E GEGERSON

CEO

02/07/2007

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