

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000101214

**FILED**  
**Jan 17, 2011**  
**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:**

110 N ORLANDO AVENUE  
MAITLAND, FL 32751

**Current Mailing Address:**

12139 S. DIXIE HWY  
MIAMI, FL 33156

**New Mailing Address:**

518 PUERTA CT  
ALTAMONTE SPRINGS, FL 32701

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

**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:**

GEGERSON, TODD E  
110 N ORLANDO AVENUE SUITE 3  
MAITLAND, FL 32751    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: TODD GEGERSON

01/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: GEGERSON, TODD E  
Address: 518 PUERTA COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR  
Name: GEGERSON, KELLY L  
Address: 518 PUERTA COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: KELLY GEGERSON

MGR

01/17/2011

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