2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000102943

Entity Name: CENTER FOR ACUPUNCTURE & INTEGRATIVE MEDICINE, LLC

Current Principal Place of Business:

2050 40TH AVE
SUITE 2
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2050 40TH AVE
SUITE 2
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 20-5762476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, ANGELA L AP
759 46TH SQUARE
VERO BEACH, FL 32968 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: MS. ( ) Delete
Name: KING, ANGELA L AP
Address: 759 46TH SQ
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES:

Title: MRS. (X) Change ( ) Addition
Name: KING, ANGELA L AP
Address: 759 46TH SQ
City-St-Zip: VERO BEACH, FL 32968

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: ANGELA KING, AP, DOM MRS. 04/30/2008

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