

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000102943

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**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:**

1345 36TH STREET  
SUITE B  
VERO BEACH, FL 32960

**Current Mailing Address:**

2050 40TH AVE  
SUITE 2  
VERO BEACH, FL 32960

**New Mailing Address:**

1345 36TH STREET  
SUITE B  
VERO BEACH, FL 32960

**FEI Number:** 20-5762476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:** MRS  
**Name:** KING, ANGELA L AP  
**Address:** 759 46TH SQ  
**City-St-Zip:** VERO BEACH, FL 32968

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:** ANGELA KING

MRS

01/24/2012

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