

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113995

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** FAMILY ACUPUNCTURE AND ORIENTAL MEDICINE LLC

**Current Principal Place of Business:**

4207 59TH ST. W.  
SUITE B  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

6400 MANATEE AVE W  
SUITE L 119  
BRADENTON, FL 34209 US

**Current Mailing Address:**

4207 59TH ST. W.  
SUITE B  
BRADENTON, FL 34209 US

**New Mailing Address:**

6400 MANATEE AVE W  
SUITE L 119  
BRADENTON, FL 34209 US

**FEI Number:** 20-5963214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAREST, GUEK T  
4761 WINGATE ROAD  
MYAKKA CITY, FL 34251 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: MGRM  
Name: CHAREST, GUEK T  
Address: 6400 MANATEE AVE W, SUITE L 119  
City-St-Zip: BRADENTON, FL 34209 US

Title: MGRM  
Name: CHAREST, STEVE D  
Address: 6400 MANATEE AVE W, SUITE L 119  
City-St-Zip: BRADENTON, FL 34209 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: GUEK CHAREST

MGRM

03/05/2012

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