

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122080

FILED  
May 12, 2009  
Secretary of State

Entity Name: WESTCOAST ACUPUNCTURE AND NATURAL MEDICINE LLC

**Current Principal Place of Business:**

4852 BONTON DRIVE  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

4852 BONTON DRIVE  
HOLIDAY, FL 34690

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RAMOS, RODRIGO M  
4852 BONTON DRIVE  
HOLIDAY, FL 34690 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: MGR  Delete  
Name: RAMOS, RODRIGO M  
Address: 4852 BONTON DRIVE  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES:**

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR  Delete  
Name: RAMOS, KRISTINA M  
Address: 4852 BONTON DRIVE  
City-St-Zip: HOLIDAY, FL 34690

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

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: RODRIGO RAMOS

MR

05/12/2009

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