

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000044055

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** ACUPUNCTURE AND NATURAL THERAPIES LLC

**Current Principal Place of Business:**

13909 NORTH DALE MABRY STE 109  
TAMPA, FL 33618

**New Principal Place of Business:**

3642 MADACA LANE  
TAMPA, FL 33618

**Current Mailing Address:**

13909 NORTH DALE MABRY STE 109  
TAMPA, FL 33618

**New Mailing Address:**

3642 MADACA LANE  
TAMPA, FL 33618

**FEI Number:** 26-3459822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FONTANINI, JUSTIN  
13909 NORTH DALE MABRY STE 109  
TAMPA, FL 33618 US

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

FONTANINI, JUSTIN  
3642 MADACA LANE  
TAMPA, FL 33618 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: JUSTIN FONTANINI

03/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FONTANINI, JUSTIN  
Address: 3642 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: MGRM  
Name: NIETO, CLAUDIA  
Address: 3642 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

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: JUSTIN FONTANINI

MGRM

03/10/2010

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