

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076643

**FILED**  
**May 25, 2010**  
**Secretary of State**

**Entity Name:** ACUPUNCTURE HEALTH LLC

**Current Principal Place of Business:**

3122 EAST COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1307 S.E. 2ND ST.  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

1298 NW 89TH DR  
CORAL SPRINGS, FL 33071 US

**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:**

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

KAGAN, EVAN S  
1310 SW 2ND COURT  
UNIT 112  
FORT LAUDERDALE, FL 33312 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KAGAN, JARRETT B  
Address: 1298 NW 89TH DR  
City-St-Zip: CORAL SPRINGS, FL 33071

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: JARRETT KAGAN

MGRM

05/25/2010

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