

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042856

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Entity Name:** HEALING POINTE ACUPUNCTURE, LLC

**Current Principal Place of Business:**

80 FORTENBERRY ROAD  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

80 FORTENBERRY ROAD  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 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: WATSON, MEGAN N DOM  
Address: 4961 HAMLIN CIRCLE  
City-St-Zip: MIMS, FL 32754

Title: MGRM  
Name: WATSON, DONNA  
Address: 4961 HAMLIN CIRCLE  
City-St-Zip: MIMS, FL 32754

Title: MGRM  
Name: WATSON, JEFFREY  
Address: 4961 HAMLIN CIRCLE  
City-St-Zip: MIMS, FL 32754

Title: MGRM  
Name: WATSON, SAMANTHA  
Address: 4961 HAMLIN CIRCLE  
City-St-Zip: MIMS, FL 32754

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:** DONNA N WATSON, AP

MGRM

01/24/2010

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