

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113976

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** DEJONGH ACUPUNCTURE CLINIC, LLC

**Current Principal Place of Business:**

1801 SW 3RD AVE.  
SUITE 401  
MIAMI, FL 33129 US

**New Principal Place of Business:**

2885 SW 3RD AVE  
SUITE 100  
MIAMI, FL 33129 US

**Current Mailing Address:**

79 SW 12TH ST  
APT. 1110  
MIAMI, FL 33130 US

**New Mailing Address:**

**FEI Number:** 27-1387315      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DEJONGH ACUPUNCTURE CLINIC, LLC  
79 SW 12TH ST APT.1110  
MIAMI, FL 33130 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:** DE JONGH, IVELISSE  
**Address:** 79 SW 12 ST  
**City-St-Zip:** MIAMI, FL 33130 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: IVELISSE DEJONGH

MGRM

05/01/2011

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