

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011040

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** ACUPUNCTURE HEALTH CENTER LLC

**Current Principal Place of Business:**

11318 WINSTON WILLOW CT  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

1151 NORTH BLACKWOOD AVE,  
SUITE 110  
OCOOEE, FL 34761 US

**Current Mailing Address:**

11318 WINSTON WILLOW CT  
WINDERMERE, FL 34786 US

**New Mailing Address:**

FEI Number: 27-1809610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORADI, MEHRAFROUZ R  
11318 WINSTON WILLOW CT  
WINDERMERE, FL 34786 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: FORADI, MEHRAFROUZ R  
Address: 11318 WINSTON WILLOW CT  
City-St-Zip: WINDERMERE, FL 34786 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: MEHRAFROUZ R FORADI

MGRM

01/10/2011

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