2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: GOOD MEDICINE HOME ACUPUNCTURE LLC

Current Principal Place of Business:

6156 HEPNER AVENUE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

6156 HEPNER AVENUE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 27-2386211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEOTTI, CARLY S
6156 HEPNER AVENUE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

LEOTTI, DOMINIC A
6156 HEPNER AVENUE
FORT MYERS, FL 33905 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: DOMINIC A LEOTTI 03/01/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LEOTTI, CARLY S
Address: 6156 HEPNER AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: MGRM
Name: LEOTTI, DOMINIC A
Address: 6156 HEPNER AVENUE
City-St-Zip: FORT MYERS, FL 33905

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 Statues.

SIGNATURE: DOMINIC A LEOTTI MGRM 03/01/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date