

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000067649

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ACUPUNCTURE AND WELLNESS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

3211 S. OCEAN BLVD #603  
HIGHLAND BEACH, FL 33487

**New Principal Place of Business:**

3211 S. OCEAN BLVD  
APT. # 603  
HIGHLAND BEACH, FL 33487

**Current Mailing Address:**

3211 S. OCEAN BLVD #603  
HIGHLAND BEACH, FL 33487

**New Mailing Address:**

3211 S. OCEAN BLVD  
APT. # 603  
HIGHLAND BEACH, FL 33487

**FEI Number:** 27-2949530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOWARD J. MOFSEN C.P.A., P.A.  
9728 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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:** BERMAN, WILLIAM S  
**Address:** 3211 S. OCEAN BLVD #603  
**City-St-Zip:** HIGHLAND BEACH, FL 33487

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:** WILLIAM S BERMAN

MGRM

04/28/2011

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