

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080044

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** ACUPUNCTURE WELLNESS MEDICAL CLINIC, PLC

**Current Principal Place of Business:**

400 TAMIAMI TRAIL SOUTH  
SUITE 150  
VENICE, FL 34285

**New Principal Place of Business:**

321 NOKOMIS AVENUE  
VENICE, FL 34285

**Current Mailing Address:**

400 TAMIAMI TRAIL SOUTH  
SUITE 150  
VENICE, FL 34285

**New Mailing Address:**

321 NOKOMIS AVENUE  
VENICE, FL 34285

**FEI Number:** 27-3142110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLANCY, LADY MELODY  
400 TAMIAMI TRAIL S.  
150  
VENICE, FL 34285 US

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

CLANCY, LADY MELODY  
321 NOKOMIS AVENUE  
VENICE, FL 34285 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:

04/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CLANCY, LADY MELODY  
Address: 321 NOKOMIS AVENUE  
City-St-Zip: VENICE, FL 34285

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: LADY MELODY CLANCY

OWNE

04/24/2011

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