

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000122437

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** OCALA ACUPUNCTURE AND HERBAL MEDICINE, LLC.

**Current Principal Place of Business:**

4817 NE 2ND LOOP  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

4790 SE 33RD AVE  
OCALA, FL 34480

**New Mailing Address:**

FEI Number: 27-4336491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCORMICK, STEPHANIE  
4790 SE 33RD AVE  
OCALA, FL 34480 US

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

RAY, STEPHANIE  
4790 SE 33RD AVE  
OCALA, FL 34480 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: STEPHANIE RAY

04/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAY, STEPHANIE  
Address: 4790 SE 33RD AVE  
City-St-Zip: OCALA, FL 34480

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: STEPHANIE RAY

MGR

04/02/2012

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