

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078767

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** DR. LEE ACUPUNCTURE & CHINESE MEDICINE, LLC.

**Current Principal Place of Business:**

3130 CITRUS TOWER BLVD. BLDG. 12  
SUITE A,  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

3130 CITRUS TOWER BLVD. BLDG. 12  
SUITE A,  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 45-2707708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEE, WENCHI  
3130 CITRUS TOWER BLVD. BLDG. 12  
SUITE A  
CLERMONT, FL 34711 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:** MGR  
**Name:** LEE, WENCHI  
**Address:** 3130 CITRUS TOWER BLVD. BLDG. 12 STE A  
**City-St-Zip:** CLERMONT, FL 34711

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: WENCHI, LEE

MGR

02/22/2012

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