

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90359 025 \*\*\*150.00

DOCUMENT # *P01000106903*

1. Entity Name

*SOUTH FLORIDA Acupuncture, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*11806 Highland Place*

Suite, Apt. #, etc.

*Coral Springs FL*

City & State

3. Mailing Address

*11806 Highland Place*

Suite, Apt. #, etc.

*Coral Springs FL*

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

*65-1152184*

Applied For

Not Applicable

Zip

*33071*

Country

*USA*

Zip

*33071*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*SPIEGEL & UTRERA, P.A.*

Street Address (P.O. Box Number is Not Acceptable)

*1840 S.W. 22<sup>ND</sup> ST.*

*4<sup>TH</sup> FLOOR*

City

*MIAMI*

FL

Zip Code

*33145*

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title is applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PSTD  
MELISSA Edelson  
11806 Highland Place  
Coral Springs FL 33071*

TITLE  
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/13/03* (954) 907-5552

CR2E034B (12/02)