

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000109249

**FILED**  
**Dec 17, 2012**  
**Secretary of State**

**Entity Name:** ACUPUNCTURE PLUS MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

11079 SPRING HILL DR.  
SPRING HILL, FL 34608

**New Principal Place of Business:**

**Current Mailing Address:**

1351 CANDLE LIGHT BLVD  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number:** 26-0036051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHILLIPS, SUSAN  
1351 CANDLE LIGHT BLDV  
BROOKSVILLE, FL 34601 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

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: PHILLIPS, DR SUSAN L  
Address: 1351 CANDLE LIGHT BLVD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: SEC  
Name: GREENWAY, KAREN  
Address: 1351 CANDLELIGHT BLVD.  
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN L. PHILLIPS

PRES

12/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date