2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90094 009 ***150.00

DOCUMENT # P02000031260

1. Entity Name
ACUPUNCTURE PLUS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
8280 PRINCETON SQUARE BOULEVARD WEST SUITE 1 JACKSONVILLE, FL 32256 US	8280 PRINCETON SQUARE BOULEVARD WEST SUITE 1 JACKSONVILLE, FL 32256 US

40100868

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02142007 Chg-P CR2E034 (12/06)

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DEDRICK, MARK 3107 SPRING GLEN ROAD 201 JACKSONVILLE, FL 32207~~	Name: Dedrick Mark Street Address (P.O. Box Number is Not Acceptable): 8280 W. Princeton Sq. Blvd. #1 City: Jacksonville FL Zip Code: 32256

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] 2/15/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	D
NAME	DEDRICK, MARK	NAME	Dedrick Mark
STREET ADDRESS	3107 SPRING GLEN ROAD 201	STREET ADDRESS	8280 W. Princeton Sq. Blvd. #1
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	Jacksonville, FL. 32256
	☐ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE