

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000034265

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** ACUPUNCTURE DOCTOR, INC.

**Current Principal Place of Business:**

3817 LAKE EMMA ROAD  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

3817 LAKE EMMA ROAD  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 02-0579866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRICE, MAYWA  
3233 STATE ROAD 580  
SAFETY HARBOR, FL 34695 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: D  
Name: LIAU, BELINDA  
Address: 3817 LAKE EMMA ROAD  
City-St-Zip: LAKE MARY, FL 32746

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: BELINDA LIAU

D

04/29/2011

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

\_\_\_\_\_  
Date