

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000034265

Entity Name: ACUPUNCTURE DOCTOR, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

3817 LAKE EMMA ROAD  
LAKE MARY, FL 32746

## **New Principal Place of Business:**

101 TIMBERLACHEN CIRCLE  
SUITE #202  
LAKE MARY, FL 32746

## **Current Mailing Address:**

3817 LAKE EMMA ROAD  
LAKE MARY, FL 32746

## **New Mailing Address:**

101 TIMBERLACHEN CIRCLE  
SUITE #202  
LAKE MARY, FL 32746

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:**

LIAU, BELINDA  
7461 SUGAR BEND DR.  
ORLANDO, FL 32819 US

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: BELINDA LIAU

04/30/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: LIAU, BELINDA  
Address: 7461 SUGAR BEND DR.  
City-St-Zip: ORLANDO, FL 32819

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

04/30/2012

Electronic Signature of Signing Officer or Director

Date