

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058004

**FILED**  
**Jan 03, 2008**  
**Secretary of State**

**Entity Name:** ADVANCED ACUPUNCTURE ALTERNATIVES, P.A.

**Current Principal Place of Business:**

2623 SOUTH SEACREST BOULEVARD  
SUITE 210  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

1880 N. CONGRESS AVE  
SUITE 320  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

4075 ARTHURIUM AVENUE  
LANTANA, FL 33462

**New Mailing Address:**

**FEI Number:** 20-0821521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STARKMAN, HOPE  
2623 SOUTH SEACREST BOULEVARD  
SUITE 210  
BOYNTON BEACH, FL 33435 US

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

STARKMAN, HOPE  
4075 ARTHURIUM AVE  
LANTANA, FL 33462 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:**

01/03/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: STARKMAN, HOPE  
Address: 4075 ARTHURIUM AVENUE  
City-St-Zip: LANTANA, FL 33462

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD ( ) Change (X) Addition  
Name: STARKMAN, HOPE  
Address: 1880 NO. CONGRESS AVE SUITE 320  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MD ( ) Change (X) Addition  
Name: STARKMAN, HOPE  
Address: 2623 SOUTH SEACREST BLVD #210  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** HOPE STARKMAN

MD

01/03/2008

Electronic Signature of Signing Officer or Director

Date