

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058004

FILED
Mar 13, 2009
Secretary of State

Entity Name: ADVANCED ACUPUNCTURE ALTERNATIVES, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

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
4075 ARTHURIUM AVE
LANTANA, FL 33462 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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

03/13/2009

Electronic Signature of Signing Officer or Director

Date