

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000027624

**FILED**  
**Oct 18, 2006**  
**Secretary of State**

**Entity Name:** ACCUPUNCTURE HEALING SOLUTIONS, INC.

**Current Principal Place of Business:**

200 SW 8TH STREET  
SUITE C  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1869  
INVERNESS, FL 34451

**New Mailing Address:**

PO BOX 210  
ORANGE SPRINGS, FL 32182

**FEI Number:** 73-1729431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABAWI, ZAFER DR  
200 SW 8TH STREET  
SUITE C  
OCALA, FL 34474 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:** ZAFER SABAWI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SABAWI, ZAFER DR.  
Address: 200 SW 8TH STREET SUITE #C  
City-St-Zip: OCALA, FL 34474

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** DR ZAFER SABAWI

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10/18/2006

Electronic Signature of Signing Officer or Director

Date