
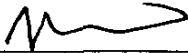


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90006 009 \*\*\*150.00

<b>DOCUMENT # P05000027624</b> 1. Entity Name <b>ACCUPUNCTURE HEALING SOLUTIONS, INC.</b>					
Principal Place of Business <b>200 SW 8TH STREET SUITE C OCALA, FL 34474</b>			Mailing Address <b>PO BOX 210 ORANGE SPRINGS, FL 32182</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2603 NE 30th AVE</b> Suite, Apt. #, etc. <b>OCALA, FL</b> City & State			
Suite, Apt. #, etc.		City & State			
City & State		City & State			
Zip		Country		Zip <b>34470</b>	
Country		Country			
4. FEI Number <b>73-1729431</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SABAWI, ZAFER DR 200 SW 8TH STREET SUITE C OCALA, FL 34474</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SABAWI, ZAFER DR. 200 SW 8TH STREET SUITE #C OCALA, FL 34474</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>2-4-08 352-351-4299</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					