


2007

ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-10-2007 90025 028 ***158.75

DOCUMENT PO6000014946 1. Entity Name <i>Visconti Acupuncture & Natural Medicine, PA</i>			
Principal Place of Business <i>291 Carroll Street</i> <i>Clermont, FL 34711</i>		Mailing Address <i>Same</i>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 20-4207930		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MERIDETH C. NAGEL, P.A. 953 10TH STREET CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <i>President & Treasurer</i> <input type="checkbox"/> Delete NAME <i>Belinda Visconti</i> STREET ADDRESS CITY-ST-ZIP <i>291 Carroll Street, Clermont, FL 34711</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <i>V.P. & Secretary</i> <input type="checkbox"/> Delete NAME <i>Michael Visconti</i> STREET ADDRESS CITY-ST-ZIP <i>291 Carroll Street, Clermont, FL 34711</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 6/4/07 Daytime Phone # 352-394-7408	