

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045194

FILED
Apr 22, 2008
Secretary of State

Entity Name: BALANCE POINT ACUPUNCTURE CLINIC, INC.

Current Principal Place of Business:

400 EXECUTIVE CENTER DRIVE
202
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

400 EXECUTIVE CENTER DRIVE
202
WEST PALM BEACH, FL 33401 US

New Mailing Address:

85 SE 4TH AVENUE
104
SELRAY BEACH, FL 33483 US

FEI Number: 20-4587422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILSMAN, CHRISTINA
85 SE 4TH AVENUE
104
DELRAY BEACH, FL 33483 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: DIR () Delete
Name: SCHNITZER, DAVID
Address: 317 3RD COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change () Addition
Name: SCHNITZER, DAVID
Address: 317 3RD COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: DAVID SCHNITZER

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04/22/2008

Electronic Signature of Signing Officer or Director

Date