

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052286

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: GULF COAST ACUPUNCTURE AND WELLNESS CLINIC, INC.

## Current Principal Place of Business:

642 N. INDIANA AVE.  
ENGLEWOOD, FL 34223

## New Principal Place of Business:

1867 S. TAMIAMI TRAIL  
STE D  
VENICE, FL 34293

## Current Mailing Address:

642 N. INDIANA AVE.  
ENGLEWOOD, FL 34223

## New Mailing Address:

1867 S. TAMIAMI TRAIL  
STE D  
VENICE, FL 34293

FEI Number: 22-3932400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEBONA, MATTHEW  
642 N. INDIANA AVE.  
ENGLEWOOD, FL 34223 US

## Name and Address of New Registered Agent:

DEBONA, MATTHEW  
1867 S TAMIAMI TRAIL  
STE D  
VENICE, FL 34293 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DEBONA, MATTHEW  
Address: 642 N. INDIANA AVE.  
City-St-Zip: ENGLEWOOD, FL 34223

Title: S ( ) Delete  
Name: DEBONA, LYDIA J  
Address: 642 N. INDIANA AVE.  
City-St-Zip: ENGLEWOOD, FL 34223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: DEBONA, MATTHEW  
Address: 1867 S. TAMIAMI TRAIL, STE D  
City-St-Zip: VENICE, FL 34293

Title: MRS (X) Change ( ) Addition  
Name: DEBONA, LYDIA J  
Address: 1867 S. TAMIAMI TRAIL  
City-St-Zip: VENICE, FL 34293

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: MATTHEW R. DEBONA, DOM, AP

OWN

04/20/2009

Electronic Signature of Signing Officer or Director

Date