

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000015706

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** CONTEMPORARY ACUPUNCTURE CARE, INC.

**Current Principal Place of Business:**

4678 FRUITVILLE ROAD  
SARASOTA, FL 34232

**New Principal Place of Business:**

4921 RINGWOOD MEADOWS  
SARASOTA, FL 34235

**Current Mailing Address:**

4678 FRUITVILLE ROAD  
SARASOTA, FL 34232

**New Mailing Address:**

4921 RINGWOOD MEADOWS  
SARASOTA, FL 34235

**FEI Number:** 20-8445249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HACKETT, DEENA R  
8457 CYPRESS LAKE CIR  
SARASOTA, FL 34243 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HACKETT, DEENA R  
Address: 8457 CYPRESS LAKE CIR  
City-St-Zip: SARASOTA, FL 34243

I hereby 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 all other like empowered.

SIGNATURE: DEENA R. HACKETT

DOM

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date