

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000133614

Entity Name: ACUSPA, P.A.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3722 CONWAY ROAD  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4410 MEADOWOOD STREET  
ORLANDO, FL 32812

**New Mailing Address:**

FEI Number: 36-4623043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIPPENWORTH, TAMMY L DOM  
4410 MEADOWOOD STREET  
ORLANDO, FL 32812 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: PVPD  
Name: DIPPENWORTH, TAMMY L DOM  
Address: 4410 MEADOWOOD STREET  
City-St-Zip: ORLANDO, FL 32812

Title: S  
Name: DIPPENWORTH, TAMMY L DOM  
Address: 4410 MEADOWOOD STREET  
City-St-Zip: ORLANDO, FL 32812

Title: T  
Name: DIPPENWORTH, TAMMY L DOM  
Address: 4410 MEADOWOOD STREET  
City-St-Zip: ORLANDO, FL 32812

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: TAMMY L DIPPENWORTH

CEO

04/24/2012

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

\_\_\_\_\_  
Date