

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000002369

**FILED**  
**May 11, 2012**  
**Secretary of State**

**Entity Name:** EAST/WEST ACUPUNCTURE & WELLNESS CENTER INC.

**Current Principal Place of Business:**

10943 COUNTRYWAY BLVD.  
TAMPA, FL 33626

**New Principal Place of Business:**

13047 W. LINEBAUGH AVE.  
SUITE 101  
TAMPA, FL 33626

**Current Mailing Address:**

10943 COUNTRYWAY BLVD.  
TAMPA, FL 33626

**New Mailing Address:**

13047 W. LINEBAUGH AVE.  
SUITE 101  
TAMPA, FL 33626

**FEI Number:** 26-4024715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASTERS, RASHELLA  
8736 HAMPDEN DRIVE  
TAMPA, FL 33626 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: P  
Name: MASTERS, RASHELLA  
Address: 8736 HAMPDEN DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: VP  
Name: SMALLEY, JANIE  
Address: 8736 HAMPDEN DRIVE  
City-St-Zip: TAMPA, FL 33626

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: RASHELLA MASTERS

PRES

05/11/2012

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

\_\_\_\_\_ Date