

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091815

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** BONITA SPRINGS ACUPUNCTURE & ANTI- AGING HOLISTIC CENTER INC

**Current Principal Place of Business:**

24831 OLD 41 RD  
SUITE #2  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

24831 OLD 41 RD  
SUITE #2  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

24831 OLD 41 RD  
SUITE #2  
BONITA SPRINGS, FL 34135

**FEI Number:** 27-1259963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFER, ITAMAR  
24831 OLD 41 RD  
SUITE #2  
BONITA SPRINGS, FL 34135 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: HOFER, ITAMAR  
Address: 24831 OLD 41 RD #2  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: ITAMAR HOFER

PRES

04/12/2012

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

\_\_\_\_\_  
Date