

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100951

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** MERIDIAN ACUPUNCTURE CENTER OF FLORIDA, P.A.

**Current Principal Place of Business:**

36472 U.S. HWY 19 NORTH  
PALM HARBOR, FL 34682

**New Principal Place of Business:**

6131 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5012 KILKENNEY WAY  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 27-1331009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SASSANO, DAVID J D.O.  
5012 KILKENNEY WAY  
OLDSMAR, FL 34677 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: SASSANO, DAVID J D.O.  
Address: 5012 KILKENNEY WAY  
City-St-Zip: OLDSMAR, FL 34677

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: DAVID J SASSANO

DIR

02/24/2011

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

\_\_\_\_\_ Date