

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000090485

FILED
Apr 28, 2011
Secretary of State

Entity Name: ACUPUNCTURE AND PAIN MANAGEMENT, INC.

Current Principal Place of Business:

860 111TH AVE NOAH STE #3
NAPLES, FL 34108

New Principal Place of Business:

860 111TH AVE NORTH
SUITE #3
NAPLES, FL 34108

Current Mailing Address:

860 111TH AVE NOAH STE #3
NAPLES, FL 34108

New Mailing Address:

860 111TH AVE NORTH
SUITE #3
NAPLES, FL 34108

FEI Number: 27-3866735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDERMOTT, CAROL
1648 CITRINE TRIAL
NAPLES, FL 34689 US

Name and Address of New Registered Agent:

MCDERMOTT, CAROL
860 111TH AVE NORTH
SUITE #3
NAPLES, FL 34108 US

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: CAROL MCDERMOTT

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCDERMOTT, CAROL
Address: 860 111TH AVE NORTH , SUITE #3
City-St-Zip: NAPLES, FL 34108

Title: VS
Name: MCDERMOTT, GEORGE
Address: 860 111TH AVE NORTH, SUITE #3
City-St-Zip: NAPLES, FL 34108

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: CAROL MCDERMOTT

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date