

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000003446

FILED
Jan 09, 2012
Secretary of State

Entity Name: AURICULAR HEALTH CENTER, INC.

Current Principal Place of Business:

2905 LAKEVIEW DRIVE
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

826 BALLARD ST
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 27-4528656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIOU, RUTH
826 BALLARD ST.
ALTAMONTE SPRINGS, FL 32701 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: DPS
Name: CHIOU, RUTH
Address: 826 BALLARD ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: RUTH CHIOU

DPS

01/09/2012

Electronic Signature of Signing Officer or Director

Date