

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000059279

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** CENTER FOR ACUPUNCTURE & NATURAL HEALTH, INC.

**Current Principal Place of Business:**

3535 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

3535 HENDRICKS AVENUE  
JACKSONVILLE  
JACKSONVILLE, FL 32207 US

**Current Mailing Address:**

3535 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 45-2644234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ACAMPORA, BETH H  
3535 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 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: ACAMPORA, BETH H  
Address: 3535 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207 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: BETH H. ACAMPORA

P

03/22/2012

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

\_\_\_\_\_  
Date