

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000062131

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** ACUPUNCTURE-HEALTH-HEALING CENTER (A TOP DOG CORPORATION)

**Current Principal Place of Business:**

8904-F SW 22 STREET  
BOCA RATON, FL 33433

**New Principal Place of Business:**

8904-F SW 22 STREET  
SUITE F  
BOCA RATON, FL 33433

**Current Mailing Address:**

SIMM GOTTESMAN, C.A.  
8904-F SW 22 STREET  
BOCA RATON, FL 33433

**New Mailing Address:**

8904-F SW 22 STREET  
SUITE F  
BOCA RATON, FL 33433

**FEI Number:** 65-0881222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOTTESMAN, SIMM  
8904-F SW 22 STREET  
BOCA RATON, FL 33433 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: PST  
Name: GOTTESMAN, SIMM  
Address: 8904-F S.W. 22ND STREET  
City-St-Zip: BOCA RATON, FL 33433

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: SIMM GOTTESMAN A.P.

PRES

04/26/2011

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

\_\_\_\_\_  
Date