FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V01978** **(8)**

1. Corporate Name

SUNCOAST ACUPUNCTURE CENTER, P.A.

Principal Place of Business

5473 66 STREET NORTH
ST. PETERSBURG FL 33709

Mailing Address

6655 66TH ST., NO.
PINELLAS PARK FL 34665
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): 01/01/1992

3a. Date of Last Report: 07/14/1994

2. Principal Place of Business

21

2a. Mailing Address

26 5335 66 ST N.

4. FEI Number: 59-3141827 — Applied For / Not Applicable

Suite, Apt. # etc.

22

Suite, Apt. # etc.

27 11

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City

23

City & State

28 ST. PETE , FL

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 25 29 33709 30

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'BRIEN, KATHRYN M.
31-57TH STREET NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/28/95

Registered Agent (if registered agent is a corporation)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KU, SU LAING
STREET ADDRESS	5021 WESLEY DR.
CITY, ST, ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DR ☒ Change ☐ Addition
NAME	
STREET ADDRESS	5335 66 ST N., STE 11
CITY, ST, ZIP	ST. PETE FL 33709

14. I do hereby certify that the information supplied with this report is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or have been duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 with my title, typed or printed beside my signature.

SIGNATURE: [signature] 4/28/95 813-546-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0372002 CP