

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093470

Entity Name: CENTER FOR ACUPUNCTURE AND COMPLEMENTARY MEDICINE, INC.

FILED
Mar 08, 2015
Secretary of State
CC0671440106

Current Principal Place of Business:

4370 S. TAMIAMI TRAIL
312
SARASOTA, FL 34231

Current Mailing Address:

3610 ALMERIA AVE
SARASOTA, FL 34239

FEI Number: 81-0574123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCLAIN, GEORGE RESQ.
1800 SECOND ST STE 735
SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SAYERS DE FUNES, LENORE B
Address 3610 ALMERIA AVE
City-State-Zip: SARASOTA FL 34239

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: LENORE BETH SAYERS DE FUNES

DIRECTOR

03/08/2015

Electronic Signature of Signing Officer/Director Detail

Date