

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000081773

**Entity Name:** SUN-RISE ACUPUNCTURE, INC.

**Current Principal Place of Business:**

213 S DILLARD ST  
SUITE 110A  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

213 S DILLARD ST  
SUITE 110A  
WINTER GARDEN, FL 34787 US

**FEI Number:** 20-5049887

**Certificate of Status Desired:** No

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

MARGEWICZ, JANINE M  
213 S DILLARD ST  
SUITE 110A  
WINTER GARDEN, FL 34787 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 PST  
Name MARGEWICZ, JANINE M  
Address 11532 WISHING WELL LN  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name HOULE, MARTIN  
Address 11532 WISHING WELL LN  
City-State-Zip: CLERMONT FL 34711

*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:** JANINE MARGEWICZ

**PRESIDENT**

**04/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date