2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2016
Secretary of State
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Entity Name: JACKSONVILLE ACUPUNCTURE WELLNESS, P.A.

Current Principal Place of Business:

27 ARBOR CLUB DRIVE
#216
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

27 ARBOR CLUB DRIVE
#216
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 26-3196601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAULK, LONNIE
9540 KUHN ROAD
JACKSONVILLE, FL 32257 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	P	Title	T
Name	RUEL, KIMBERLY	Name	RUEL, KIMBERLY
Address	27 ARBOR CLUB DRIVE, #216	Address	27 ARBOR CLUB DRIVE, #216
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082
Title	S	Title	D
Name	RUEL, KIMBERLY	Name	RUEL, KIMBERLY
Address	27 ARBOR CLUB DRIVE, #216	Address	27 ARBOR CLUB DRIVE, #216
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082

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: KIMBERLY RUEL PRESIDENT 01/14/2016

Electronic Signature of Signing Officer/Director Detail — Date