

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075585

Entity Name: JACKSONVILLE ACUPUNCTURE WELLNESS, P.A.

Current Principal Place of Business:

4237 SALISBURY ROAD
#107
JACKSONVILLE, FL 32216

Current Mailing Address:

3948 SOUTH 3RD STREET
#368
JACKSONVILLE BEACH, FL 32250 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
Name RUEL, KIMBERLY
Address 3948 SOUTH 3RD STREET, #368
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title T
Name RUEL, KIMBERLY
Address 3948 SOUTH 3RD STREET, #368
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title S
Name RUEL, KIMBERLY
Address 3948 SOUTH 3RD STREET, #368
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D
Name RUEL, KIMBERLY
Address 3948 SOUTH 3RD STREET, #368
City-State-Zip: JACKSONVILLE BEACH FL 32250

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

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date