

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000072429

**Entity Name:** ACUPUNCTURE & HOLISTIC MEDICINE, INC.

**Current Principal Place of Business:**

1650 NE 26TH STREET  
SUITE 101  
WILTON MANORS, FL 33305

**Current Mailing Address:**

1650 NE 26TH STREET  
SUITE 101  
WILTON MANORS, FL 33305

**FEI Number:** 45-2979605

**Certificate of Status Desired:** No

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

JACOBO & ASSOCIATES, INC.  
6220 W 21ST COURT  
HIALEAH, FL 33016 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 LOPEZ, EVELYN  
Address 1650 NE 26TH STREET SUITE 101  
City-State-Zip: WILTON MANORS FL 33305

*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:** EVELYN LOPEZ

**PRESIDENT**

**03/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date