

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000006929

**Entity Name:** THE CENTER FOR ACUPUNCTURE & NATURAL HEALING, INC

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC2316297614**

**Current Principal Place of Business:**

9850 STIRLING RD  
SUITE 101  
COOPER CITY, FL 33024

**Current Mailing Address:**

9850 STIRLING RD  
SUITE 101  
COOPER CITY, FL 33024 US

**FEI Number: 46-5088595**

**Certificate of Status Desired: No**

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

FARRETTA, ANDREW R  
9850 STIRLING RD  
SUITE 101  
COOPER CITY, FL 33024 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 FARRETTA, ANDREW R  
Address 9850 STIRLING RD  
SUITE 101  
City-State-Zip: COOPER CITY FL 33024

*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: ANDREW FARRETTA**

**PRESIDENT**

**04/24/2015**

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

\_\_\_\_\_  
Date