# 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLISON , HARRY , C Electronic Signature of Signing Authorized Person(s) Detail

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L06000051133

Entity Name: THE CENTER FOR ACUPUNCTURE AND ALTERNATIVE MEDICINE LLC

#### Current Principal Place of Business:

5725 NW PINE TRAIL CIRCLE PORT SAINT LUCIE, FL 34983

# **Current Mailing Address:**

5725 NW PINE TRAIL CIRCLE PORT SAINT LUCIE, FL 34983 US

# FEI Number: 06-1779094

### Name and Address of Current Registered Agent:

ALLISON, HARRY C 5725 NW PINE TRAIL CIRCLE PORT SAINT LUCIE, FL 34983 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: HARRY ALLISON

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

TitleMGRNameALLISON, HARRY CAddress5725 NW PINE TRAIL CIRCLECity-State-Zip:PORT SAINT LUCIE FL 34983

01/04/2022

Date

FILED Jan 04, 2022 Secretary of State 1162182004CC

Certificate of Status Desired: No

REGISTERED AGENT

01/04/2022

Date