

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000102943

**Entity Name:** CENTER FOR ACUPUNCTURE & INTEGRATIVE MEDICINE, LLC

**Current Principal Place of Business:**

1345 36TH STREET  
SUITE B  
VERO BEACH, FL 32960

**Current Mailing Address:**

1345 36TH STREET  
SUITE B  
VERO BEACH, FL 32960

**FEI Number:** 20-5762476

**Certificate of Status Desired:** No

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

KING, ANGELA L AP  
759 46TH SQUARE  
VERO BEACH, FL 32968 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:** ANGELA L KING, AP

01/28/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MRS  
Name KING, ANGELA L AP  
Address 759 46TH SQ  
City-State-Zip: VERO BEACH FL 32968

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA L KING, AP

**REGISTERED AGENT**

01/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date