

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000073787

**Entity Name:** TAO OF WELLBEING ACUPUNCTURE CLINIC, LLC

**Current Principal Place of Business:**

3653 CORTEZ ROAD WEST  
STE 120  
BRADENTON, FL 34210

**Current Mailing Address:**

3653 CORTEZ ROAD WEST  
STE 120  
BRADENTON, FL 34210 US

**FEI Number:** 26-0854417

**Certificate of Status Desired:** No

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

ORSBORN, JOHN W  
3653 CORTEZ ROAD WEST  
STE 120  
BRADENTON, FL 34210 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

**Authorized Person(s) Detail :**

Title MGR  
Name ORSBORN, JOHN W  
Address 3653 CORTEZ ROAD WEST, STE 120  
City-State-Zip: BRADENTON FL 34210

*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:** JOHN ORSBORN

**OWNER**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date