

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000061977

Entity Name: CHOY ACUPUNCTURE CLINIC, LLC

Current Principal Place of Business:

942 NE 199TH STREET, APT. 105
MIAMI, FL 33179

Current Mailing Address:

942 NE 199TH STREET, APT. 105
MIAMI, FL 33179

FEI Number: 45-5193727

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PIQUION, CLAUDE
942 NE 199TH STREET, APT. 408
MIAMI, FL 33179 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 MATHURIN, CHOY ANNE M
Address 942 NE 199TH STREET, APT. 105
City-State-Zip: MIAMI FL 33179

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: CHOY ANNE MARIE MATHURIN

ACUPUNCTURE
PHYSICIAN

09/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date