

**2013 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:** 45-5193737

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

**SIGNATURE:** CHOY ANNE MARIE MATHURIN

ACUPUNCTURIST

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date