


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000098448**

1. Entity Name  
**S & A ACUPUNCTURE, P.A.**



Principal Place of Business  
**154 SOUTH WOODS DR  
 ROCKLEDGE, FL 32955**

Mailing Address  
**3405 N TROPICAL TRAIL  
 MERRITT ISLAND, FL 32953**

**DO NOT WRITE IN THIS SPACE**



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**90-0051116** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOILEAU, JOHN L ESQ  
 3490 N US HWY 1  
 COCOA, FL 32928**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHANG, AMOS Y
STREET ADDRESS	3405 N TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	CHANG, SHU-LI T
STREET ADDRESS	3405 N TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000828781  
 02/26/08-80016-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Shu Chang **Feb 13 2008** (321) 637-7066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #