

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 03, 2009
Secretary of State**

DOCUMENT# F06000005518

Entity Name: NATIONAL CERTIFICATION COMMISSION FOR ACUPUNCTURE AND ORIENTAL MEDICINE, INC.

Current Principal Place of Business:

76 S. LAURA ST. SUITE 1290
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

76 S. LAURA ST. SUITE 1290
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 11-2760706 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HAHN, THERESE
Address: PO BOX 341
City-St-Zip: COCOLALLA, ID 83813

Title: C (X) Delete
Name: HAHN, TESS
Address: PO BOX 341
City-St-Zip: COCOLALLA, ID 83813

Title: T () Delete
Name: GARLAND, MICHAEL
Address: 2125 SE 35TH PL
City-St-Zip: PORTLAND, OR 97214

Title: S () Delete
Name: MCKEOWN, LOUIS A
Address: 11214 DOCKSIDE CIR
City-St-Zip: RESTON, VA 20191

Title: VC () Delete
Name: DING, WEIYI
Address: 801 NE 120TH STREET
City-St-Zip: SEATTLE, WA 98125

Title: T () Delete
Name: GARLAND, MICHAEL
Address: 2125 SE
City-St-Zip: PORTLAND, OR 97214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: CANZONE, DAVID
Address: 2074 GALISTEO ST., # A 2
City-St-Zip: SANTA FE, NM 87505

Title: CEO (X) Change () Addition
Name: WARD-COOK, KORY
Address: 116 LOST BEACH LANE
City-St-Zip: PONTE VEDRA, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KORY WARD-COOK

CEO

03/03/2009

Electronic Signature of Signing Officer or Director

Date