

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005518

FILED
Feb 08, 2012
Secretary of State

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

Current Principal Place of Business:

76 S. LAURA ST
1290
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

76 S. LAURA ST
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
Name: CANZONE, DAVID
Address: 2074 GALISTEO ST., #A2
City-St-Zip: SANTA FE, NM 87505

Title: T
Name: CHAPMAN, SUSAN
Address: 3333 CALIFORNIA ST., #410
City-St-Zip: SAN FRANCISCO, CA 94118

Title: S
Name: CLARK, BRYN
Address: 7 THORNDIKE ST.
City-St-Zip: BEVERLY, MA 01915

Title: VC
Name: DING, WEIYI
Address: 801 NE 120TH STREET
City-St-Zip: SEATTLE, WA 88125

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

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 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 all other like empowered.

SIGNATURE: KORY WARD-COOK

CEO

02/08/2012

Electronic Signature of Signing Officer or Director

Date