

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000007060

Entity Name: AMERICAN ASSOCIATION OF INTEGRATIVE AND
COMPLEMENTARY MEDICINE INC.**Current Principal Place of Business:**7950 NW 53RD
337
MIAMI, FL 33166**Current Mailing Address:**7950 NW 53RD
337
MIAMI, FL 33166 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DIAS LOPES, GABRIEL CESAR DR
7950 NW 53RD
337
MIAMI, FL 33166 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

Officer/Director Detail :

Title	P
Name	DIAS LOPES , GABRIEL CESAR DR
Address	R. HELENA REBELLO PEREIRA AGRIOES #55
City-State-Zip:	TERESOPOLIS RIO DE JANEIRO 25963-230

Title	VP
Name	PEREIRA LOPES, POLLYANNA CARVALHO DR.
Address	R HELENA REBELLO PEREIRA AGRIOES #55
City-State-Zip:	TERESOPOLIS RIO DE JANEIRO 25963-230

Title	D
Name	NETO, ELIAS ABRAO DR
Address	R. HELENA REBELLO PEREIRA AGRIOES #55
City-State-Zip:	TERESOPOLIS RIO DE JANEIRO 25963-230

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: GABRIEL CESAR DIAS LOPES**DR****05/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date