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

SIGNATURE: NISENBOIM , IGOR

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P07000113324

Entity Name: MIAMI CENTER FOR ORIENTAL MEDICINE INC

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

900 SOUTHWEST 8TH STREET CU-2 MIAMI, FL 33130

Current Mailing Address:

900 SOUTHWEST 8TH STREET CU-2 MIAMI, FL 33130 US

FEI Number: 30-0447535

Name and Address of Current Registered Agent:

NISENBOIM, IGOR 900 SOUTHWEST 8TH STREET CU-2 MIAMI, FL 33130 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: IGOR NISENBOIM

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	DIRECTOR
Name	NISENBOIM, IGOR
Address	900 SOUTHWEST 8TH STREET CU-2
City-State-Zip:	MIAMI FL 33130

Certificate of Status Desired: No

Date

DIRECTOR

05/01/2024

05/01/2024

Date

FILED May 01, 2024 Secretary of State 1716843914CC