

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000008778

**Entity Name:** NATURAL MEDICINE, ACUPUNCTURE, AND PLANT SYNERGY RESEARCH CENTER LLC

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC2412496756**

**Current Principal Place of Business:**

13005 SOUTHERN BLVD  
SUITE 225  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

13005 SOUTHERN BLVD  
SUITE 225  
LOXAHATCHEE, FL 33470 US

**FEI Number: 46-2318863**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ACUPUNCTURE BISHOP  
13005 SOUTHERN BLVD  
SUITE 225  
LOXAHATCHEE, FL 33470 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

**Authorized Person(s) Detail :**

Title	MGR	Title	AP
Name	ACUPUNCTURE BISHOP	Name	RYAN, BISHOP
Address	13005 SOUTHERN BLVD SUITE 225	Address	13005 SOUTHERN BLVD SUITE 225
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RYAN BISHOP**

**01/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date