

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005518

FILED
Jan 28, 2015
Secretary of State
CC3558056758

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

Current Principal Place of Business:

76 S. LAURA ST
1290
JACKSONVILLE, FL 32202

Current Mailing Address:

76 S. LAURA ST
1290
JACKSONVILLE, FL 32202

FEI Number: 11-2760706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 C
Name LONDON, EUGENE
Address 2261 MARKET STREET, #201
City-State-Zip: SAN FRANCISCO CA 94114

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

Title VC
Name CANZONE, DAVID
Address 2074 GALISTEO ST., A2
City-State-Zip: SANTA FE NM 87505

Title CEO
Name WARD-COOK, KORY
Address 1401 RIVERPLACE BLVD
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name STEGERMAINE, JAN
Address 7450 NW HAMPTON ROAD
City-State-Zip: PARKVILLE MO 64152

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

01/28/2015

Electronic Signature of Signing Officer/Director Detail

Date