

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005518

**FILED**  
**Feb 12, 2013**  
**Secretary of State**  
**CC7136166897**

**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 CANZONE, DAVID  
Address 2074 GALISTEO ST., #A2  
City-State-Zip: SANTA FE NM 87505

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

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

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

Title CEO  
Name WARD-COOK, KORY  
Address 116 LOST BEACH LANE  
City-State-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**

**02/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date