

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005048

FILED
Feb 01, 2011
Secretary of State

Entity Name: DRAGON RISES SCHOOL OF ORIENTAL MEDICINE, LLC

Current Principal Place of Business:

1000 NE 16TH AVE, BLDG F
SUITE B
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1000 NE 16TH AVE, BLDG F
SUITE B
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 65-1093292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAGON RISES COLLEGE OF ORIENTAL MEDICINE
1000 NE 16TH AVE, BLDG F
SUITE B
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HAMMER, LEON
Address: 8620 NW 13TH STREET, #216
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM
Name: GRAY, CYNTHIA
Address: 1797 SE 89TH LANE
City-St-Zip: OCALA, FL 34480

Title: MGRM
Name: HAMMER, EWA
Address: 8620 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM
Name: LEAVY, KATHLEEN
Address: 3327 SE 30TH PLACE
City-St-Zip: GAINESVILLE, FL 32641

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LEON HAMMER

MGRM

02/01/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date