FILED
Jul 14, 2003 8:00 am
Secretary of State
05-01-2003 90272 033 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004731

1. Entity Name
INTEGRATIVE ORIENTAL MEDICINE, LLC

[redacted] 55051030

[redacted]

Principal Place of Business	Mailing Address
5560A NORTH OCEAN BLVD. OCEAN RIDGE FL 33435	5560A NORTH OCEAN BLVD. OCEAN RIDGE FL 33435

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
605 Belvedere Rd	
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.
City & State: West Palm Beach Fl.	City & State
Zip: 33405 Country: USA	Zip Country

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LEWIS, DANIEL
5560A NORTH OCEAN BLVD.
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Daniel Lewis 5560A N. Ocean Blvd Ocean Ridge, Fl. 33435 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE REC [signature] 6-19-03 561-733-3467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #