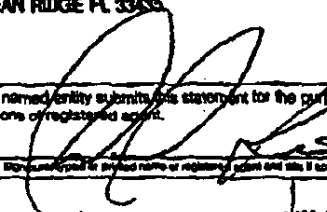
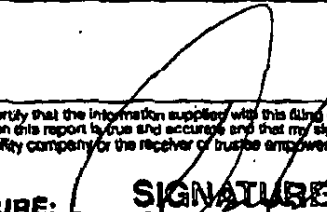


FILED
Jul 14, 2003 8:00 am
Secretary of State

05-01-2003 90272 033 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004731			
1. Entity Name INTEGRATIVE ORIENTAL MEDICINE, LLC			
Principal Place of Business 5580A NORTH OCEAN BLVD. OCEAN RIDGE FL 33435		Mailing Address 5580A NORTH OCEAN BLVD. OCEAN RIDGE FL 33435	
2. Principal Place of Business 605 Belvedere Rd		3. Mailing Address	
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State	
Zip 33405		Country USA	
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 5580A 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 		DATE 4-18-03	
FILE NOW!!! FEE IS \$50.00 "Make Check Payable to Florida Department of State" Due By May 1, 2003			
9. MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
MGRM Daniel Lewis 5580A N. Ocean Blvd Ocean Ridge, FL 33435			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
☐ Delete		☐ Change ☐ Addition	
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 603, Florida Statutes.			
SIGNATURE: 		SIGNATURE 6-19-03 561-733-3467	