2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# L05000065625

Entity Name: MIAMI ORIENTAL MEDICINE, L.L.C.

Current Principal Place of Business:

195 GIRALDA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

195 GIRALDA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 41-2233505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUJOLS, JOSE R ESQ.
2701 S. LEJEUNE ROAD, SUITE 401
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PUJOLS, JOSE R ESQ.
2655 LEJUENE ROAD
PENTHOUSE 1-C
CORAL GABLES, FL 33134 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: _____ 03/22/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NIRENBERG, LISSA
Address: 195 GIRALDA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LISSA NIRENBERG MGRM 03/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date