2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2011
Secretary of State

DOCUMENT# L10000116963

Entity Name: DOWNTOWN CENTER FOR ORIENTAL MEDICINE, PLLC

Current Principal Place of Business:

211 SW 4TH AVE.
SUITE 2
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

211 SW 4TH AVE.
SUITE 2
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 27-3931080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROOKS, JAMES L
211 SW 4TH AVE.
SUITE 2
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: BROOKS, JAMES L
Address: 211 SW 4TH AVE,. SUITE 2
City-St-Zip: GAINESVILLE, FL 32601 US

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 Statues.

SIGNATURE: JAMES L BROOKS MGRM 06/30/2011

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