

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000116963

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**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 ( )**

**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 Statutes.

SIGNATURE: JBBROOKS

MGRM

04/27/2012

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