2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004205

FILED Jan 06, 2008 Secretary of State

Entity Name: FOUNDATION FOR THE ADVANCEMENT OF CONTEMPORARY ORIENTAL MEDICINE, INC.

urrent P	rincipal Place	e of Business:	New Principal Place	of Business:
05 SE 6T IIGH SPR	TH LANE RINGS, FL 326	643 US		
urrent N	lailing Addres	ss:	New Mailing Address	s:
05 SE 6T IIGH SPF	TH LANE RINGS, FL 326	943		
El Number	: 20-1067911	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:
IESH, MA	ARII YN			
	TH LANE RINGS, FL 326	643 US		
IIGH SPF he above	TH LANE RINGS, FL 326		purpose of changing its registered	d office or registered agent, or both,
IIGH SPF he above	H LANE RINGS, FL 326 named entity e of Florida.		purpose of changing its registered	d office or registered agent, or both,
lIGH SPR	H LANE RINGS, FL 326 named entity e of Florida. RE:			d office or registered agent, or both, Date
IIGH SPF he above i the State	H LANE RINGS, FL 326 named entity e of Florida. RE:	submits this statement for the labels and the labels are statement for the	ent	
IIGH SPF he above i the State	H LANE RINGS, FL 326 e named entity e of Florida. RE: Electror S AND DIREC	submits this statement for the nic Signature of Registered Agerones: Delete JOHN	ent	Date
he above the State IGNATUI PFFICER: tte: ame: ddress:	ENDERINGS, FL 326 Enamed entity to e of Florida. RE: Electron S AND DIREC TP (HUDDLESTON 9303 NW 59 LI GAINESVILLE,	submits this statement for the nic Signature of Registered Agerones: Delete JOHN FL 32653 Delete N C NE	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN MESH DS 01/06/2008