2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# N11000006749

Entity Name: FLORIDA DOCTORS OF ORIENTAL MEDICINE ADVOCACY INC

Current Principal Place of Business:

40347 U.S. HWY 19 N.
SUITE 113
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

40347 U.S. HWY 19 N.
SUITE 113
TARPON SPRINGS, FL 34689 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

PURDUE, PATRICK D.O.M.
10010 SEMINOLE BLVD.
SEMINOLE, FL 33772 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

OFFICERS AND DIRECTORS:

Title: P, D
Name: CAPTAIN, CHRISTINA A D.O.M.
Address: 1219 EAST AVE S #104
City-St-Zip: SARASOTA, FL 34239 US

Title: VP,D
Name: PURDUE, PATRICK D.O.M.
Address: 8125 112TH ST. N, #301
City-St-Zip: SEMINOLE, FL 33772 US

Title: S, D
Name: O'DEA, JOSHUA D.O.M.
Address: 14762 1ST AVE E
City-St-Zip: BRADENTON, FL 34212 US

Title: T, D
Name: RUSH, CHRISTOPHER D D.O.M.
Address: 4700 MILLENIA BLVD STE 175
City-St-Zip: ORLANDO, FL 32839 US

Title: VP,D
Name: SAYLOR, JAMES C D.O.M.
Address: 900 COVE CAY 2H
City-St-Zip: CLEARWATER, FL 33760 US

I hereby 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 all other like empowered.

SIGNATURE: JAMES C. SAYLOR, D.O.M., PH.D. VPD 04/02/2012

Electronic Signature of Signing Officer or Director Date