


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000083728		
1. Entity Name CENTER FOR ACUPUNCTURE & ORIENTAL MEDICINE, INC.		
Principal Place of Business	Mailing Address	
13324 SWALLOWTAIL DRIVE BRADENTON, FL 34202-8241	13324 SWALLOWTAIL DR BRADENTON, FL 34202	

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1199059	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIANG, SHAN
13324 SWALLOWTAIL DRIVE
BRADENTON, FL 34202

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIANG, SAHN
STREET ADDRESS	13324 SWALLOWTAIL DRIVE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80102-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-05 (941) 730-1644