

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000060389

**FILED**  
**Aug 02, 2011**  
**Secretary of State**

**Entity Name:** LUO HUN ACUPUNCTURE & ORIENTAL MEDICINE CENTER, INC.

**Current Principal Place of Business:**

10661 SW 88 ST  
116  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10661 SW 88 ST  
116  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 26-0299749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAX DEFENSE CENTER, INC.  
2350 W 84TH STREET  
#18  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

FISH, MICHAEL K P.A.  
7700 N. KENDALL DRIVE  
606  
MIAMI, FL 33156 US

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:** MARIFLOR MARCOS-GUILLERMO

08/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARCOS-GUILLERMO, MARIFLOR  
**Address:** 10661 SW 88 ST  
**City-St-Zip:** MIAMI, FL 33176

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARIFLOR MARCOS-GUILLERMO

P

08/02/2011

Electronic Signature of Signing Officer or Director

Date