

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000026167

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** ORIENTAL MEDICINE & MASSAGE, INC.

**Current Principal Place of Business:**

1791 SW CRANE CREEK AVE  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1791 SW CRANE CREEK AVE  
PALM CITY, FL 34990 US

**New Mailing Address:**

FEI Number: 65-0477859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLTZ MARY MUELLER  
1791 SW CRANE CREEK AVE  
PALM CITY, FL 34990 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  
Name: HOLTZ, MARY M  
Address: 1791 SW CRANE CREEK AVE  
City-St-Zip: PALM CITY, FL 34990 US

Title: VP  
Name: HOLTZ, ARNOLD W  
Address: 1791 SW CRANE CREEK AVE  
City-St-Zip: PALM CITY, FL 34990

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: MARY HOLTZ

PRES

01/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date