

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036456

FILED  
Mar 27, 2010  
Secretary of State

Entity Name: ORIENTAL MEDICINE ASSOCIATES, INC.

**Current Principal Place of Business:**

100 NE 15 STREET  
SUITE 103  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 NE 15 STREET  
SUITE 103  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 65-0668276      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JAMES, CHARLOTTE A P  
100 NE 15TH STREET  
# 103  
HOMESTEAD, FL 33030 US

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

JAMES, CHARLOTTE A PRES.  
100 NE 15TH STREET  
# 103  
HOMESTEAD, FL 33030 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: CHARLOTTE A JAMES      03/27/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JAMES, CHARLOTTE A  
Address: 100 NE 15TH STREET # 103  
City-St-Zip: HOMESTEAD, FL 33030

Title: DIR.  
Name: CARLON, JOHN T JD.  
Address: P.O.BOX 9237  
City-St-Zip: FT. LAUDERDALE, FL 33310

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: CHARLOTTE A JAMES      PRES      03/27/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date