

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000015026

FILED
Jun 04, 2012
Secretary of State

Entity Name: W. O. M. WORLD OF MEDICINE USA, INC.

Current Principal Place of Business:

4531 36TH STREET
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

20 N ORANGE AVE.
SUITE 600
ORLANDO, FL 32801

New Mailing Address:

20 NORTH ORANGE AVE.
SUITE 600
ORLANDO, FL 32801

FEI Number: 59-3493856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRY, STONER & BROWN, P.A.
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HENDRY, STONER & BROWN, P.A.
20 NORTH ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 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:

06/04/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS
Name: TSCHPE, DR. JOHANNES
Address: ROSENHEIMER STRABE 7
City-St-Zip: BERLIN GERMANY, OC 10781 OC

Title: AT
Name: WIEST, SANDRA
Address: 10477 DOWN LAKEVIEW CIRCLE
City-St-Zip: WINDERMERE, FL 34786 US

Title: D
Name: SCHOLZ, DR. CLEMENS
Address: LEICHHARDTSTRABE 1
City-St-Zip: BERLIN GERMANY, OC 14195 OC

Title: DEVP
Name: KUPKA, OLIVER
Address: UBER DEN BERGEN 13
City-St-Zip: FRITZLAR GERMANY, OC 34560 OC

Title: AS
Name: JACKSON, AYLIN
Address: 4430 STONE MEADOW DRIVE
City-St-Zip: ORLANDO, FL 32826 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA WIEST

AT

06/04/2012

Electronic Signature of Signing Officer or Director

Date