

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011525

Entity Name: CONTEMPORARY ORIENTAL MEDICINE FOUNDATION, INC.**Current Principal Place of Business:**1000 NE 16TH AVE, BUILDING F
GAINESVILLE, FL 32601**Current Mailing Address:**1000 NE 16TH AVE, BUILDING F
GAINESVILLE, FL 32601 US**FEI Number:** 46-1540871**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAGEL, BRUCE T
1000 NE 16TH AVE, BUILDING F
GAINESVILLE, FL 32601 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:** BRUCE T PAGEL

03/03/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name DAVIS, JOSEPH
Address 4010 NW 25TH PLACE
City-State-Zip: GAINESVILLE FL 32606

Title D, VP
Name TOWER, SCOTT
Address 137 FLINT STREET
City-State-Zip: ASHEVILLE NC 28801

Title SECRETARY, TREASURER,
DIRECTOR
Name PAGEL, BRUCE
Address 375 NW BERE AVE
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title D
Name ROSEN, ROSS
Address 166 MOUNTIAN AVE
City-State-Zip: WESTFIELD NJ 07090

Title D, PRESIDENT
Name HAMMER, EWA
Address 1508 PELICAN COVE ROAD UNIT
GR236
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name HAYES, MARY JO
Address 1000 NE 16TH AVE
City-State-Zip: GAINESVILLE FL 32601

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

SIGNATURE: BRUCE T PAGEL

SECRETARY, DIRECTOR

03/03/2014

Electronic Signature of Signing Officer/Director Detail

Date