#### 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. 03/26/2022 PRESIDENT

SIGNATURE: SHAN LIANG
-----------------------

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P03000083728 Entity Name: CENTER FOR ACUPUNCTURE & ORIENTAL MEDICINE, INC.

# **Current Principal Place of Business:**

5741 BEE RIDGE ROAD SUITE 350 SARASOTA, FL 34233

## **Current Mailing Address:**

7515 CAMDEN HARBOUR DR. BRADENTON, FL 34212

## FEI Number: 65-1199059

### Name and Address of Current Registered Agent:

LIANG, SHAN 7515 CAMDEN HARBOUR DR. BRADENTON, FL 34212 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:

Electronic Signature of Registered Agent

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Officer/Director Detail :**

PD Title Name LIANG. SHAN Address 7515 CAMDEN HARBOUR DR. City-State-Zip: BRADENTON FL 34212

Mar 26, 2022 Secretary of State 9086424183CC

FILED

Certificate of Status Desired: No

Date

Date