

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022881

Entity Name: ORIENTAL MEDICINE HOLISTIC HEALTH CARE, INC.

Current Principal Place of Business:

110 N FEDERAL HIGHWAY
SUITE 204
HALLANDALE BEACH, FL 33009

Current Mailing Address:

110 N FEDERAL HIGHWAY
SUITE 204
HALLANDALE BEACH, FL 33009 US

FEI Number: 20-2411886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAXAS, CAROLINE G
110 N FEDERAL HIGHWAY
SUITE 204
HALLANDALE BEACH, FL 33009 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

Date

Officer/Director Detail :

Title PD
Name FAXAS, CAROLINE G
Address 110 N FEDERAL HIGHWAY
SUITE 204
City-State-Zip: HALLANDALE BEACH FL 33009

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: CAROLINE FAXAS

PD

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date