

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022881

Entity Name: ORIENTAL MEDICINE HOLISTIC HEALTH CARE, INC.

Current Principal Place of Business:

508 N RAINBOW DR
HOLLYWOOD, FL 33021

Current Mailing Address:

508 N RAINBOW DR
HOLLYWOOD, FL 33021 US

FEI Number: 20-2411886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAXAS, CAROLINE G
508 N RAINBOW DR
HOLLYWOOD, FL 33021 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 508 N RAINBOW DR
City-State-Zip: HOLLYWOOD FL 33021

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

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date