

**2017 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

01/05/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date