

**2023 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

04/06/2023

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

\_\_\_\_\_  
Date