

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000101244

Entity Name: CENTER FOR ACUPUNCTURE AND NATURAL MEDICINE INC.

Current Principal Place of Business:

814 WESTWIND LN.
CASSELBERRY, FL 32730

Current Mailing Address:

814 WESTWIND LN.
CASSELBERRY, FL 32730

FEI Number: 46-1541201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEI, GENE
814 WESTWIND LN.
CASSELBERRY, FL 32730 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 DIR
Name WEI, GENE
Address 814 WESTWIND LN.
City-State-Zip: CASSELBERRY FL 32730

Title DIR
Name ESCHER, URSULA
Address 814 WESTWIND LN.
City-State-Zip: CASSELBERRY FL 32730

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: GENE WEI

DIRECTOR

06/09/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date