

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000101244

**Entity Name:** CENTER FOR ACUPUNCTURE AND NATURAL MEDICINE INC.

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**7008659212CC**

**Current Principal Place of Business:**

11514 AMIGO AVE  
PORTER RANCH, CA 91326

**Current Mailing Address:**

11514 AMIGO AVE  
PORTER RANCH, CA 91326 US

**FEI Number: 46-1541201**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEI, GENE  
11514 AMIGO AVE  
PORTER RANCH, FL 91326 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        11514 AMIGO AVE  
City-State-Zip: PORTER RANCH CA 91326

*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**

**02/12/2019**

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

\_\_\_\_\_ Date