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. 01/29/2023

PRESIDENT

SIGNATURE: ALVARO PORRAS TOLEDO

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000071896

Entity Name: GAINESVILLE ACUPUNCTURE & HOLISTIC MEDICINE INC.

Current Principal Place of Business:

4040 W NEWBERRY RD., #1500 GAINESVILLE. FL 32607

Current Mailing Address:

3825 SW 100TH STREET GAINESVILLE. FL 32608 US

FEI Number: 87-2205585

Name and Address of Current Registered Agent:

PORRAS TOLEDO, ALVARO 3825 SW 100TH ST GAINESVILLE, FL 32608 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

Officer/Director Detail :

Title	Р
Name	PORRAS TOLEDO, ALVARO
Address	3825 SW 100TH STREET
City-State-Zip:	GAINESVILLE FL 32608

FILED Jan 29, 2023 Secretary of State 6275696302CC

Certificate of Status Desired: No

Date

Date