

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000026167

**Entity Name:** ORIENTAL MEDICINE & MASSAGE, INC.

**Current Principal Place of Business:**

1791 SW CRANE CREEK AVE  
PALM CITY, FL 34990

**Current Mailing Address:**

1791 SW CRANE CREEK AVE  
PALM CITY, FL 34990 US

**FEI Number:** 65-0477859

**Certificate of Status Desired:** No

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

HOLTZ MARY MUELLER  
1791 SW CRANE CREEK AVE  
PALM CITY, FL 34990 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            P  
Name            HOLTZ, MARY M  
Address        1791 SW CRANE CREEK AVE  
City-State-Zip: PALM CITY FL 34990

*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:** MARY HOLTZ

**PRES**

**01/09/2014**

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

\_\_\_\_\_ Date