

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000036456

**Entity Name:** ORIENTAL MEDICINE ASSOCIATES, INC.

**Current Principal Place of Business:**

444 NW 23RD STREET  
HOMESTEAD, FL 33030

**Current Mailing Address:**

444 NW 23RD STREET  
HOMESTEAD, FL 33030 US

**FEI Number:** 65-0668276

**Certificate of Status Desired:** No

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

JAMES, CHARLOTTE APRES.  
444 NW 23RD STREET  
HOMESTEAD, FL 33030 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            PRES  
Name            JAMES, CHARLOTTE A  
Address        444 NW 23RD STREET  
City-State-Zip: HOMESTEAD FL 33030

Title            DIR.  
Name            CARLON, JOHN T JD  
Address        3106 NEW PORT- U  
City-State-Zip: FT. LAUDERDALE FL 33442

*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:** CHARLOTTE JAMES

**PRESIDENT**

**02/18/2015**

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

\_\_\_\_\_  
Date