

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004731

Entity Name: INTEGRATIVE ORIENTAL MEDICINE, LLC

Current Principal Place of Business:

2247 PALM BEACH LAKES BLVD
SUITE 204B
WEST PALM BEACH, FL 33409

Current Mailing Address:

5560A NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, DANIEL RP
5560A NORTH OCEAN BLVD.
OCEAN RIDGE, FL 33435 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

Authorized Person(s) Detail :

Title P
Name LEWIS, DANIEL R
Address 5560A NORTH OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL LEWIS

ACUPUNCTURE
PHYSICIAN

02/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date