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.

10/04/2021 SIGNATURE: HARRY ALLISON CEO

Entity Name: THE CENTER FOR ACUPUNCTURE AND ALTERNATIVE MEDICINE LLC

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Current Principal Place of Business:

5725 NW PINE TRAIL CIRCLE PORT SAINT LUCIE, FL 34983

DOCUMENT# L06000051133

Current Mailing Address:

5725 NW PINE TRAIL CIRCLE PORT SAINT LUCIE, FL 34983 US

FEI Number: 06-1779094

Name and Address of Current Registered Agent:

ALLISON, HARRY C 5725 NW PINE TRAIL CIRCLE PORT SAINT LUCIE, FL 34983 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: HARRY ALLISON

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Name ALLISON, HARRY C Address 5725 NW PINE TRAIL CIRCLE City-State-Zip: PORT SAINT LUCIE FL 34983

Electronic Signature of Signing Authorized Person(s) Detail

FILED Oct 04, 2021 Secretary of State 6140525092CR

Certificate of Status Desired: No

10/04/2021

Date

Date