

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037929

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** EASTERN MEDICINE HEALTH CENTER LLC

**Current Principal Place of Business:**

280 PATTERSON RD, STE 1  
HAINES, FL 33844

**New Principal Place of Business:**

280 PATTERSON RD, STE 1  
HAINES CITY, FL 33844

**Current Mailing Address:**

280 PATTERSON RD, STE 1  
HAINES, FL 33844

**New Mailing Address:**

280 PATTERSON RD, STE 1  
HAINES CITY, FL 33844

FEI Number: 26-2375447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WANG, LAN  
13445 SE157TH LN  
WEIRSDALE, FL 32195 US

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

WANG, LAN  
46 JUNIPER DR.  
DAVENPORT, FL 33837 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: LAN WANG

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DENG, FENG  
Address: 46 JUNIPER DR.  
City-St-Zip: DAVENPORT, FL 33837

Title: MGR  
Name: WANG, LAN  
Address: 280 PATTERSON RD, STE 1  
City-St-Zip: HAINES, FL 33844

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LAN WANG

MGR

04/27/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date