

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000005840

**Entity Name:** ADVANCED INTEGRATIVE MEDICAL EDUCATION, INC.

**Current Principal Place of Business:**

118 LAKE EMMA COVE DR  
LAKE MARY, FL 32746

**Current Mailing Address:**

118 LAKE EMMA COVE DR.  
LAKE MARY, FL 32746 US

**FEI Number: 85-1317685**

**Certificate of Status Desired: No**

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

CHEN, MENGLAN  
118 LAKE EMMA COVE DR.  
LAKE MARY, FL 32746 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 D  
Name CHEN, MENGLAN  
Address 118 LAKE EMMA COVE DR.  
City-State-Zip: LAKE MARY FL 32746

Title D  
Name HUDSON, SCOTTY  
Address 118 LAKE EMMA COVE DR.  
City-State-Zip: LAKE MARY FL 32746

Title D  
Name LEE, YUN-CHIAO  
Address 118 LAKE EMMA COVE DR.  
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR  
Name CHEESMAN, DO DAVID  
Address 237 LOOKOUT PLACE  
City-State-Zip: MAITLAND FL 32751

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MENGLAN CHEN**

**MGR**

**03/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date