

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004711

Entity Name: CHINESE TRADITIONAL MEDICINE INSTITUTE, INC.**Current Principal Place of Business:**539 N MILLS AVE
ORLANDO, FL 32803**Current Mailing Address:**926 BEACH BREEZE DR.
ORLANDO, FL 32835 US**FEI Number:** 59-3600241**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHEW, CHRISTINE
539 N MILLS AVE
ORLANDO, FL 32803 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 P
Name WU, SHEN
Address 926 BEACH BREEZE DR.
City-State-Zip: ORLANDO FL 32835

Title VP
Name LEE, PETER
Address 926 BEACH BREEZE DR.
City-State-Zip: ORLANDO FL 32835

Title TREASURER
Name KWAN, JOANN
Address 304 CAMBRIDGE DR.
City-State-Zip: LONGWOOD FL 32779

Title D
Name CHANG, JOYCE C. H.
Address 906 N.WOODBINE WAY.
City-State-Zip: AZUSA CA 91702

Title VP
Name PING, ZHAO
Address 926 BEACH BREEZE DR.
City-State-Zip: ORLANDO FL 32835

Title SEC
Name JAN, FRANCO YICHENG
Address 2496 GRAND CENTRAL PKWY.
APT. 4
City-State-Zip: ORLANDO FL 32839

Title D
Name KONG, ALVIN M. W.
Address BROWN CLAY AVE.
City-State-Zip: LAS VAGAS NV 89113

Title D
Name NG, SHARYON
Address 11076 CROWN CREST LN.
City-State-Zip: LAS VEGAS NV 89135

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: PETER LEE

VP

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date