

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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: Yes

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 D
Name WU, SHEN
Address 304 CAMBRIDGE DR
City-State-Zip: LONGWOOD FL 32779

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

Title D
Name PING, ZHAO
Address 304 CAMBRIDGE DR
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name JOU, PYNG DR.
Address 848 N RAINBOW BLVD
STE 225
City-State-Zip: LAS VEGAS NV 89107

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: PYNG JOU

DIRECTOR

11/08/2017

Electronic Signature of Signing Officer/Director Detail

Date