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

SIGNATURE: NI, BO-SHIH

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/10/2017

# DOCUMENT# P14000001049

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### Entity Name: HAN TANG INSTITUTE OF CHINESE MEDICINE INC

### **Current Principal Place of Business:**

1250 W. EAU GALLIE BLVD. SUITE H MELBOURNE, FL 32935

#### **Current Mailing Address:**

1250 W. EAU GALLIE BLVD. SUITE H MELBOURNE, FL 32935 US

#### FEI Number: 59-3564535

## Name and Address of Current Registered Agent:

NI, BO-SHIH 1250 W. EAU GALLIE BLVD. SUITE H MELBOURNE, FL 32935 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

#### **Officer/Director Detail :**

PRES Title NI. BO-SHIH Name Address 1250 W. EAU GALLIE BLVD. SUITE H City-State-Zip: MELBOURNE FL 32935

FILED Apr 10, 2017 Secretary of State CC7009111196

Certificate of Status Desired: No

Date

Date