

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000063268

**Entity Name:** CHI INSTITUTE OF CHINESE MEDICINE, INC.

**Current Principal Place of Business:**

9700 W HWY 318  
REDDICK, FL 32686

**Current Mailing Address:**

9700 W HWY 318  
REDDICK, FL 32686

**FEI Number:** 59-3525634

**Certificate of Status Desired:** No

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

XIE, HUI SHENG PHD  
9289 SW 31TH PLACE  
GAINESVILLE, FL 32608 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                    XIE, HUI SHENG PHD  
Address                9289 SW 31TH PLACE  
City-State-Zip:        GAINESVILLE FL 32608

Title                    ST  
Name                    ZHAO, YANRU MS  
Address                9289 SW 31TH PLACE  
City-State-Zip:        GAINESVILLE FL 32608

*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:** YANRU ZHAO

VP

03/08/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date