

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037929

Entity Name: EASTERN MEDICINE HEALTH CENTER LLC

Current Principal Place of Business:

280 PATTERSON RD, STE 1
HAINES CITY, FL 33844

Current Mailing Address:

280 PATTERSON RD, STE 1
HAINES CITY, FL 33844

FEI Number: 26-2375447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WANG, LAN
46 JUNIPER DR.
DAVENPORT, FL 33837 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	DENG, FENG	Name	WANG, LAN
Address	46 JUNIPER DR.	Address	280 PATTERSON RD, STE 1
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	HAINES FL 33844

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAN WANG

MGR

04/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date