

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001107

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: NORTH AMERICAN MEDICAL INFORMATION SERVICE, INC.

**Current Principal Place of Business:**

10303 SW 48TH PL  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

10303 SW 48TH PL  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 23-5054924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ZHOU, YILI  
10303 SW 48TH PL  
GAINESVILLE, FL 32608      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZHOU, YILI  
Address: 10303 SW 48TH PL  
City-St-Zip: GAINESVILLE, FL 32608

Title: V ( ) Delete  
Name: LIN, SALLY  
Address: 10303 SW 48TH PL  
City-St-Zip: GAINESVILLE, FL 32608

Title: M ( ) Delete  
Name: ZHOU, LINWEN  
Address: 10303 SW 48TH PL  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: ZHOU, YILI  
Address: 10303 SW 48TH PL  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SALLY LIN

V

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date