

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001107

FILED
Mar 14, 2011
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: 23-3054924

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

OFFICERS AND DIRECTORS:

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

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

Title: M
Name: ZHOU, LINWEN
Address: 10303 SW 48TH PL
City-St-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: SALLY LIN

V

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date