

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037929

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** EASTERN MEDICINE HEALTH CENTER LLC

**Current Principal Place of Business:**

280 PATTERSON RD, STE 1  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

280 PATTERSON RD, STE 1  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 26-2375447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WANG, LAN  
46 JUNIPER DR.  
DAVENPORT, FL 33837 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DENG, FENG  
Address: 46 JUNIPER DR.  
City-St-Zip: DAVENPORT, FL 33837

Title: MGR  
Name: WANG, LAN  
Address: 280 PATTERSON RD, STE 1  
City-St-Zip: HAINES, FL 33844

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LAN WANG

GM

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date