

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025790

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** DR. WU'S ORIENTAL MEDICINE, LLC

**Current Principal Place of Business:**

10065 W. EMERALD COAST PARKWAY  
101 A  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

10065 W. EMERALD COAST PARKWAY  
101 A  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

**FEI Number:** 27-5272398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKFURT, DANIEL S  
600 GRAND BLVD.  
SUITE 201  
MIRAMAR BEACH, FL 32550 US

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

FRANKFURT, DANIEL S  
600 GRAND BLVD.  
SUITE 201  
DESTIN, FL 32550 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:

01/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WU, TZONG J  
Address: 10065 W EMERALD COAST PARKWAY, 101 A  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: MGRM  
Name: CHANG, CHUN-HSIN  
Address: 10065 W EMERALD COAST PARKWAY, 101 A  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

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: DANIEL FRANKFURT

RA

01/10/2012

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