## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE

**FILED** FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # L95990 COMMUNITY SCHOOL OF TRADITIONAL CHINESE HEALTH C ARE, INC. Principal Place of Business Mailing Address C/O KEVIN CLARK C/O KEVIN CLARK 130 NORTH DIXIE HIGHWAY 130 NORTH DIXIE HIGHWAY DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date incorporated or Qualified 07/24/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0248389 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6- Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zìp Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CLARK, KEVIN 130 N DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature re 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE TITLE 1.1 TITLE ☐ Change Addition CLARK, KEVIN 1.2 NAME NAME STREET ADDRESS 1190 NE 125 ST. 1.3 STREET ADDRESS N. MIAMI FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition TITLE 2.1 TITLE Change CLARK, SHELIA G. NAME 2.2 NAME 1190 N. E. 125 STREET STREET ADDRESS 2.3 STREET ADDRESS N. MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE Change TITLE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it of an exercise the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee.

**CR2E034**