

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001416

FILED  
Jan 29, 2008  
Secretary of State

**Entity Name:** AMERICAN ASSOCIATION OF TRADITIONAL CHINESE VETERINARY MEDICINE, INC.

**Current Principal Place of Business:**

9708 W. HWY. 318  
REDDICK, FL 32686

**New Principal Place of Business:**

9700 W. HWY. 318  
REDDICK, FL 32686 US

**Current Mailing Address:**

9708 W. HWY. 318  
REDDICK, FL 32686

**New Mailing Address:**

PO BOX 141324  
GAINESVILLE, FL 326141324 US

**FEI Number:** 20-5853005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINNIE, JOHN S ESQ.  
3520 NW 43RD ST.  
GAINESVILLE, FL 32606 US

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

XIE, HUI SHENG DR  
9700 W. HWY 318  
REDDICK, FL 32686 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: HUI SHENG XIE

01/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: XIE, HUI SHENG DVM  
Address: 9708 W HWY 318  
City-St-Zip: REDDICK, FL 32686

Title: DR ( ) Delete  
Name: CHRISMAN, CHERYL DVM  
Address: 9708 W HWY 318  
City-St-Zip: REDDICK, FL 32686

Title: DR ( ) Delete  
Name: ORTIZ-UMPIERRE, CAROLINA DVM  
Address: 9708 W HWY 318  
City-St-Zip: REDDICK, FL 32686

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

Title: DR (X) Change ( ) Addition  
Name: XIE, HUI SHENG DVM  
Address: 9700 W HWY 318  
City-St-Zip: REDDICK, FL 32686

Title: DR (X) Change ( ) Addition  
Name: CHRISMAN, CHERYL DVM  
Address: 9700 W HWY 318  
City-St-Zip: REDDICK, FL 32686

Title: DR (X) Change ( ) Addition  
Name: ORTIZ-UMPIERRE, CAROLINA DVM  
Address: 9700 W HWY 318  
City-St-Zip: REDDICK, FL 32686

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUI SHENG XIE

DR.

01/29/2008

Electronic Signature of Signing Officer or Director

Date