2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N06000001416

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

Current Principal Place of Business:

9700 W. HWY. 318
REDDICK, FL 32686 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 141324
GAINESVILLE, FL 326141324 US

New Mailing Address:

FEI Number: 20-5853005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

XIE, HUISHENG DR
9700 W. HWY 318
REDDICK, FL 32686 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: DR ( ) Delete
Name: XIE, HUISHENG DVM
Address: 970O W HWY 318
City-St-Zip: REDDICK, FL 32686

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CAROLINA ORTIZ-UMPIERRE DR 03/06/2009

Electronic Signature of Signing Officer or Director — Date