

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008649

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN COLLEGE OF HEALTH MEDICINE, INC

**Current Principal Place of Business:**

11325 LAKE UNDERHILL ROAD, #102  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

11325 LAKE UNDERHILL ROAD, #102  
ORLANDO, FL 32825

**New Mailing Address:**

**FEI Number:** 51-0646872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LI, FENG X MD  
16700 LAKE PICKETT ROAD  
ORLANDO, FL 32820 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: P  
Name: ZHAO, JIAN  
Address: 11325 LAKE UNDERHILL ROAD  
City-St-Zip: ORLANDO, FL 32825

I hereby 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 all other like empowered.

SIGNATURE: JIAN ZHAO

P

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date