

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003420

FILED
Jan 19, 2011
Secretary of State

Entity Name: ATLANTIC INSTITUTE OF ORIENTAL MEDICINE, INC.

Current Principal Place of Business:

100 E BROWARD BLVD
SUITE 100
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

100 E BROWARD BLVD
SUITE 100
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 65-0512087 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHU YEN, JOHANNA MD
100 E BROWARD BLVD.,
100
FT. LAUDERDALE, FL 33301 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: D
Name: YEN, JOHANNA C
Address: 100 E BROWARD BLVD., STE. 100
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: O
Name: CHIU, AIDAN Y
Address: 18182 SW 33RD STREET
City-St-Zip: MIRAMAR, FL 33029

Title: O
Name: GRAU, GERARD
Address: 2633 E. COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: O
Name: BONNER, MARY C
Address: 207 SW 12TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: O
Name: MARSHALL, MICHAEL
Address: 1705 S. FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

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: JOHANNA CHU YEN

PRES

01/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date