2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State
02-07-2003 90083 048 ****61.25

DOCUMENT # N99000004711

1. Entity Name
CHINESE TRADITIONAL MEDICINE INSTITUTE, INC.

Principal Place of Business	Mailing Address
922A LUCERNE TERRACE ORLANDO FL 32806	922A LUCERNE TERRACE ORLANDO FL 32806

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3600241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, PETER
926 BEACH BREEZE DRIVE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name ELIZA MAO
Street Address (P.O. Box Number is Not Acceptable) 6466 Cherry Grove Circle
City Orlando **FL** Zip Code 32809

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eliza Mao 1/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WU, SHEN 6879 BOUGANVILLA CRESENT DR ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, PETER 926 BEACH BREEZE DRIVE ORLANDO FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZHAO PING 6679 Bouganvilla Crescent Dr. Orlando FL 32809 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOU, EVA 5431 26TH AVENUE SOUTH SEATTLE WA 98108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIZA MAO 6466 Cherry Grove Circle Orlando FL 32809 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAI, SALINA 67-62 CLYDE STREET FOREST HILLS NY 11375	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANK YANG M.D. PhD. @ Cedars-Sinai Medical Center 8700 Beverly Blvd. LA CA 90048 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby 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 report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/14/03 407 246 1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #