

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90215 017 ***150.00

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05012006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000071207 1. Entity Name THE CENTER FOR TRADITIONAL CHINESE MEDICINE, INC.					
Principal Place of Business 1299 SOUTH TAMiami TRAIL SUITE 1209 SARASOTA, FL 34239			Mailing Address 1299 SOUTH TAMiami TRAIL SUITE 1209 SARASOTA, FL 34239		
2. Principal Place of Business <i>3100 S. Tamiami Trail</i> Suite, Apt. #, etc.		3. Mailing Address <i>3100 S. Tamiami Trail</i> Suite, Apt. #, etc.			
City & State <i>Sarasota, FL</i>		City & State <i>Sarasota, FL</i>		4. FEI Number 65-1025279	
Zip <i>34236</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZHAO, DR. RUANJIN 4440 BEAUCHAMP CT SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ZHAO, DR. RUANJIN 4440 BEAUCHAMP CT SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete LIU, JING 4440 BEAUCHAMP CT SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/1/06 <small>Date</small>		941/365-8008 <small>Daytime Phone #</small>