

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000071207

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** THE CENTER FOR TRADITIONAL CHINESE MEDICINE, INC.

**Current Principal Place of Business:**

3100 SOUTH TAMIAMI TR  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

3100 SOUTH TAMIAMI TR  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 65-1025279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZHAO, DR. RUANJIN  
6710 CHANCERY PLACE  
SARASOTA, FL 34201 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: ZHAO, DR. RUANJIN  
Address: 6710 CHANCERY PLACE  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: D  
Name: LIU, JING  
Address: 6710 CHANCERY PLACE  
City-St-Zip: UNIVERSITY PARK, FL 34201

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RUAN JIN ZHAO

DR.

02/09/2012

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

\_\_\_\_\_  
Date