2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # P00000115838 1. Entity Name AURICULAR MEDICNE INTERNATIONAL RESEARCH AND TRAINING CENTER INC.						02-11-2008 9	90056 029	***150.	00
Principal Place of Business		Mailing Address		40'	055220				
2905 LAKEVIEW DR. Fern Park, Fl. 32730		2905 LAKEVIEW DR. FERN PARK, FL 32730							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242008	Chg-P	CR2E034	(12/06)-		
City & State		City & State		4. FEI Number				plied For	
Zip Country		Zip Count		59-3713844 Not Applicable S. Certificate of Status Desired \$8.75 Additional					
	6. Name and Address of Current	t Pagistared Agent					Fe Fe	e Required	
	6. Name and Address of Current	t Registered Agent		Name	/. Name and /	Address of New F	tegisterea Ag	ent	
HUANG, WILLIAM S 2905 LAKEVIEW DR.			Street Address (P.O. Box Number is Not Acceptable)						
FERN PARK, FL 32730				Constitution (Constitution Constitution Cons					
\$ 1			City			· FL	Zip Code		
	named entity s comits this statement fi ions of registered agent.	or the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Fi	orida. I am far	niliar with,	and accept
SIGNATURE									
O O O O O O O O O O O O O O O O O O O	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	Registered	d Agent signature required	when reinstating)		DATE		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.		ibution.		.00 May Be ed to Fees				
TOTLÉ :	OFFICERS AND	O DIRECTORS Oeiete	11.	:	ADDITIONS/C	CHANGES TO OFF		IRECTORS Change	S IN 11
NAME	HUANG, WILLIAM S	LJ DERE	NAME	1			L	_ change	Addition
STREET ADDRESS	2905 LAKÉVIEW DR.			ET ADDRESS					
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NAME	HUANG, LI-CHUN		NAME	J.			L.	_ cuange	Addition
STREET ADORESS	2905 LAKEVIEW DR.			ET ADDRESS					
CITY-ST-ZIP TITLE	FERN PARK, FL 32730	☐ Delete	TITLE	-ST-ZIP	·····	<u> </u>		Change	Addition
NAME	CHEN, BIAO	LI book	NAME	J					
STREET ADDRESS City-ST-ZIP	2905 LAKEVIEW DR.		1	ET ADDRESS •ST-ZIP					
TITLE	FERN PARK, FL 32730	☐ Delete	TITLE					Change	☐ Addition
NAME								3-	
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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 apostner place of the powered.

SIGNATURE:

MILLIAM X). Mueng

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Daytime Phone #