

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000049304

Entity Name: YISHENG CLINIC INC.

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

362 OFFICE PLAZA DR.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

6821 SEABISCUIT TRAIL  
TALLAHASSEE, FL 32309

**New Mailing Address:**

FEI Number: 59-3739672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TIAN, MIN  
6821 SEABISCUIT TRAIL  
TALLAHASSEE, FL 32309 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: DR  
Name: TIAN, MIN  
Address: 6821 SEABISCUIT TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

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: MIN TIAN

DR

03/17/2011

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

\_\_\_\_\_  
Date