

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099828

FILED
Jul 15, 2005
Secretary of State

Entity Name: WEI'S CHINESE MEDICAL CENTER. INC.

Current Principal Place of Business:

100 S. MILITARY TRAIL
408
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

6412 HUDSON BAY LANE
LAKE WORTH, FL 33467 US

Current Mailing Address:

8069 BOCA RIO DR
BOCA RATON, FL 33433

New Mailing Address:

6412 HUDSON BAY LANE
LAKE WORTH, FL 33467 US

FEI Number: 46-0499674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEI, HUI
8069 BOCA RIO DR
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

WEI, HUI
6412 HUDSON BAY LANE
LAKE WORTH, FL 33467 US

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: HUI WEI

07/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEI, HUI
Address: 8069 BOCA RIO DR
City-St-Zip: BOCA RATON, FL 33433

Title: PPTS (X) Delete
Name: WEI, HUI
Address: 8069 BOCA RIO DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPTS (X) Change () Addition
Name: WEI, HUI
Address: 6412 HUDSON BAY LANE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HUI WEI

PPTS

07/15/2005

Electronic Signature of Signing Officer or Director

Date