

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000155733

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

**Entity Name:** SEVENTH GENERATION HERBAL MEDICINE & ACUPUNCTURE CENTER, INC.

**Current Principal Place of Business:**

9365 US HIWAY 19 NORTH  
SUITE C  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

13798 86TH AVENUE NORTH  
SEMINOLE, FL 33776

**New Mailing Address:**

9365 US HIWAY 19 NORTH  
SUITE C  
PINELLAS PARK, FL 33782

**FEI Number:** 20-0487214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WANG, ZUOZHEN  
13798 86TH AVENUE NORTH  
SEMINOLE, FL 33776 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: P/D  
Name: WANG, ZUOZHEN  
Address: 13798 86TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: VPD  
Name: RAO, SHUIZHU  
Address: 13798 86TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33776

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: WANG ZUOZHEN

PD

02/09/2012

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

\_\_\_\_\_  
Date