

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90022 031 ***150.00

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1. Entity Name

AMERICAN CLINIC OF ALTERNATIVE MEDICINE, INC.



Principal Place of Business

7951 SW 40 STREET
STE 202
MIAMI FL 33155

Mailing Address

7951 SW 40 STREET
STE 202
MIAMI FL 33155



2. Principal Place of Business - No P.O. Box #

7971 SW 40ST

3. Mailing Address

7971 SW 40ST

Suite, Apt. #, etc.

Suite 15

Suite, Apt. #, etc.

Suite 15

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-0706080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZHANG, FANG-FANG
7951 SW 40 STREET
STE 202
MIAMI FL 33155

change Address

7. Name and Address of New Registered Agent

Name

ZHANG, Fang Fang

Street Address (P.O. Box Number is Not Acceptable)

7971 SW 40ST Suite 15

City

Miami

FL

Zip Code

33155

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

ZHANG, Fang Fang

1/26/08

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when remaining.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME ZHANG, FANG-FANG
STREET ADDRESS 7951 SW 40 STREET, STE 202
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres.
NAME ZHANG, Fang Fang
STREET ADDRESS 7971 SW 40ST. STE 15
CITY-ST-ZIP Miami, FL 33155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

[Signature]

ZHANG, Fang Fang

1/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone