

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000079612

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** PHYSICIANS OF TRADITIONAL CHINESE MEDICINE, INC.

**Current Principal Place of Business:**

4913 S.W. 163 AVE.  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

4913 S.W. 163 AVE.  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 20-3077706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BDB AGENT CO.  
5355 TOWN CENTER ROAD  
SUITE 900  
BOCA RATON, FL 33486 US

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

CAMPBELL, WALTER A DR.  
4913 S.W. 163 AVE  
MIRAMAR, FL 33027 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: WALTER CAMPBELL

03/12/2010

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: P  
Name: CAMPBELL, WALTER A  
Address: 4913 S.W.163 AVE.  
City-St-Zip: MIRAMAR, FL 33027

Title: S T  
Name: LEE, YOUNGHEE  
Address: 4913 S.W.163 AVE.  
City-St-Zip: MIRAMAR, FL 33027

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: WALTER CAMPBELL

P

03/12/2010

Electronic Signature of Signing Officer or Director

Date