

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083075

FILED  
Feb 03, 2010  
Secretary of State

Entity Name: CHINESE MEDICAL CLINIC,INC

## Current Principal Place of Business:

9100 BELVADORE RD STE 110  
WEST PALM BEACH, FL 33411 US

## New Principal Place of Business:

9100 BELVEDERE RD STE 110  
WEST PALM BEACH, FL 33411 US

## Current Mailing Address:

9100 BELVADORE RD STE 110  
WEST PALM BEACH, FL 33411 US

## New Mailing Address:

9100 BELVEDERE RD STE 110  
WEST PALM BEACH, FL 33411 US

FEI Number: 52-2398323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAO, LAIBAO  
4720A OKEECHOBEE BLVD.,  
WEST PALM BEACH, FL 33417 US

## Name and Address of New Registered Agent:

SHAO, LAIBAO  
9100 BELVEDERE RD STE 110  
WEST PALM BEACH, FL 33411 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: LAIBAO SHAO

02/03/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: SHAO, LAIBAO  
Address: 9100 BELVADORE RD STE 110  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP  
Name: HU, BAOMEI  
Address: 9100 BELVADORE RD STE 110  
City-St-Zip: WEST PALM BEACH, FL 33411 US

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: LAIBAO SHAO

P

02/03/2010

Electronic Signature of Signing Officer or Director

Date