2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# P06000019739

Entity Name: INTEGRATIVE MEDICINE CENTER, INC.

Current Principal Place of Business:

13615 BRUCE B DOWNS BLVD
111
TAMPA, FL 336134658

New Principal Place of Business:

13801 BRUCE B DOWNS BLVD
206
TAMPA, FL 336133937 US

Current Mailing Address:

13615 BRUCE B DOWNS BLVD
111
TAMPA, FL 336134658

New Mailing Address:

13801 BRUCE B DOWNS BLVD
206
TAMPA, FL 336133937 US

FEI Number: 59-3553999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OU, YANGCHONG
13615 BRUCE B DOWNS BLVD
111
TAMPA, FL 336134658 US

Name and Address of New Registered Agent:

OU, YANGCHONG
13801 BRUCE B DOWNS BLVD
206
TAMPA, FL 336133937 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: 03/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OU, YANGCHONG
Address: 13615 BRUCE B DOWNS BLVD, 111
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete
Name: GONG, YAN
Address: 13615 BRUCE B DOWNS BLVD, 111
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OU, YANGCHONG
Address: 13801 BRUCE B DOWNS BLVD, STE. 206
City-St-Zip: TAMPA, FL 336133937 US

Title: VP (X) Change ( ) Addition
Name: GONG, YAN
Address: 13801 BRUCE B DOWNS BLVD, STE. 206
City-St-Zip: TAMPA, FL 336133937 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: YANGCHONG OU P 03/14/2009
Electronic Signature of Signing Officer or Director — Date