

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000049079

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** ANCIENT HEALING ACUPUNCTURE AND HERBS CLINIC, INC.

**Current Principal Place of Business:**

6801 GULFPORT BLVD.  
5  
SOUTH PASADENA, FL 33707 US

**New Principal Place of Business:**

6600 31ST TERRACE NORTH  
SAINT PETERSBURG, FL 33710 US

**Current Mailing Address:**

6801 GULFPORT BLVD.  
5  
SOUTH PASADENA, FL 33707 US

**New Mailing Address:**

6600 31ST TERRACE NORTH  
SAINT PETERSBURG, FL 33710 US

**FEI Number:** 20-8972775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WANG, YUE  
6801 GULFPORT BLVD.  
5  
SOUTH PASADENA, FL 33707 US

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

WANG, YUE  
6600 31ST TERRACE NORTH  
SAINT PETERSBURG, FL 33710 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:

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WANG, YUE AP  
Address: 6600 31ST TERRACE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: VP  
Name: LU, WENGE  
Address: 6600 31ST TERRACE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710 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: YUE WANG

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date