

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000017687

FILED  
Sep 17, 2010  
Secretary of State

**Entity Name:** INSTITUTE OF AURICULAR MEDICINE, INC.

**Current Principal Place of Business:**

2905 LAKEVIEW DR  
FERN PARK, FL 32730

**New Principal Place of Business:**

**Current Mailing Address:**

2905 LAKEVIEW DR  
FERN PARK, FL 32730

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HUANG, WILLIAM S  
2905 LAKEVIEW DR  
FERN PARK, FL 32730 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: HUANG, WILLIAM S  
Address: 2905 LAKEVIEW DR  
City-St-Zip: FERN PARK, FL 32730

Title: PD  
Name: HUANG, LI CHUN  
Address: 2905 LAKEVIEW DR  
City-St-Zip: FERN PARK, FL 32730

Title: STD  
Name: HSU, DEAN  
Address: 2905 LAKEVIEW DR  
City-St-Zip: FERN PARK, FL 32730

Title: VPD  
Name: JUN, WEN  
Address: 2905 LAKEVIEW DR  
City-St-Zip: FERN PARK, FL 32730

Title: D  
Name: CHEN, BIAO  
Address: 2905 LAKEVIEW DR  
City-St-Zip: FERN PARK, FL 32730

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: WILLIAM S. HUANG

C

09/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date