

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000059733

Entity Name: JINGLING MEDSCAN, INC

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

10550 BAYMEADOWS RD,  
UNIT 529  
JACKSONVILLE, FL 32256

## **New Principal Place of Business:**

## **Current Mailing Address:**

10550 BAYMEADOWS RD,  
UNIT 529  
JACKSONVILLE, FL 32256

## **New Mailing Address:**

FEI Number: 27-0536996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WANG, LINGFEI  
10550 BAYMEADOWS ROAD  
UNIT 529  
JACKSONVILLE, FL 32256 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: P  
Name: WANG, LINGFEI  
Address: 10550 BAYMEADOWS ROAD, #529  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: LI, JING  
Address: 10550 BAYMEADOWS ROAD, #529  
City-St-Zip: JACKSONVILLE, FL 32256

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: LINGFEI WANG

P

02/22/2011

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

\_\_\_\_\_  
Date