

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000102677

FILED  
Mar 31, 2011  
Secretary of State

Entity Name: CHAN ACUPUNCTURE CLINIC OF FLORIDA, PA

**Current Principal Place of Business:**

35 BARKLEY CIRCLE  
2  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

35 BARKLEY CIRCLE  
2  
FORT MYERS, FL 33907 US

**New Mailing Address:**

FEI Number: 27-1653264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAN, YAM P  
35 BARKLEY CIRCLE  
2  
FORT MYERS, FL 33907 US

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

NEELD, ROBERT M  
1426 SE 44TH STREET  
CAPE CORAL, FL 33904 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: ROBERT M. NEELD

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAN, YAM P  
Address: 35 BARKLEY CIRCLE, SUITE 2  
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP  
Name: CHAN, SIPING  
Address: 35 BARKLEY CIRCLE, SUITE 2  
City-St-Zip: FORT MYERS, FL 33907 US

Title: S  
Name: NEELD, ROBERT M JR.  
Address: 1426 SE 44TH STREET  
City-St-Zip: CAPE CORAL, FL 33904 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: ROBERT M. NEELD

SEC

03/31/2011

Electronic Signature of Signing Officer or Director

Date