2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2012
Secretary of State

DOCUMENT# P09000102677

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:

NEELD, ROBERT M
1426 SE 44TH STREET
CAPE CORAL, FL 33904 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: 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 S 01/30/2012

Electronic Signature of Signing Officer or Director Date