

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000023077

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** ORIENTAL HEALTHY CENTER INC

**Current Principal Place of Business:**

2615 S UNIVERSITY DR  
DAVIE, FL 33428

**New Principal Place of Business:**

1699 E OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

2615 S UNIVERSITY DR  
DAVIE, FL 33428

**New Mailing Address:**

1699 E OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334

**FEI Number:** 27-5470405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZHENG, DI C  
2615 S UNIVERSITY DR  
DAVIE, FL 33428 US

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

ZHENG, DI C  
1699 E OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334 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: DI C ZHENG

02/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZHENG, DI C  
Address: 1699 E OAKLAND PARK BLVD  
City-St-Zip: OAKLAND PARK, FL 33334

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: DI C ZHENG

P

02/23/2012

Electronic Signature of Signing Officer or Director

Date