

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000082980

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** COMPASSION ACUPUNCTURE AND HERBAL CLINIC, INC.

**Current Principal Place of Business:**

2748 S. FERNCREEK AVE.  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

2748 S. FERNCREEK AVE.  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 45-3341942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAN, CHIN WAH -  
2748 S. FERNCREEK AVE.  
ORLANDO, FL 32806 US

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

YU, HUA LI  
2748 S. FERNCREEK AVE.  
ORLANDO, FL 32806 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: HUA LI YU

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: YU, HUA LI  
Address: 2748 S. FERNCREEK AVE.  
City-St-Zip: ORLANDO, FL 32806 US

Title: VP  
Name: BAI, LONG CHUAN  
Address: 6753 KINGSPONTE PKWY  
City-St-Zip: ORLANDO, FL 32819 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: HUA LI YU

P

04/09/2012

Electronic Signature of Signing Officer or Director

Date