2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013252

Entity Name: TAOLIN C. JEN, M.D., P.A.

FILED Jan 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3 SHIRCLIFF WAY SUITE 614, DILLON MEDICAL BLDG JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

3 SHIRCLIFF WAY SUITE 614, DILLON MEDICAL BLDG JACKSONVILLE, FL 32204

FEI Number: 59-3167319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JEN, TAOLIN C 3 SHIRCLIFF WAY SUITE 614, DILLON MEDICAL BUILDING JACKSONVILLE, FL 32204 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

Name: JEN, TAOLIN C Name: JEN, TAOLIN C PRESIDE

Address: 3 SHIRCLIFF WAY, SUITE 614, DILLON MEDICAL Address: 3 SHIRCLIFF WAY, SUITE 614, DILLON MEDICAL

City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TAOLIN C. JEN PRES 01/10/2009