

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Amended

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000614227
1. Corporation Name
Florida Acupuncture Association Inc.

Principal Place of Business
901 N. Hercules Ave.
Suite F.
Clearwater, FL 33765

Mailing Address
Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Same	26 Same	65-0390574	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	Yes No
25	30		

9. Name and Address of Current Registered Agent

Dr. Yao Wu Lee
8335 Twin Lake Dr.
Boca Raton, FL 33496

10. Name and Address of New Registered Agent

81 Name
Dr. Hongjian He
82 Street Address (P.O. Box Number is Not Acceptable)
901 N. Hercules Ave
83 Suite F
84 City
Clearwater
85 Zip Code
FL 33765

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

8/21/98

Signature typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	New officers	1.2 NAME	Hongjian He AP
STREET ADDRESS		1.3 STREET ADDRESS	901 N. Hercules Ave. Suite F.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	Dao Fang Li AP, PhD
STREET ADDRESS		2.3 STREET ADDRESS	901-B EAST OAK ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	300002604063-1	3.2 NAME	TREASURER & SECRETARY
STREET ADDRESS	-07/31/98-01056-007	3.3 STREET ADDRESS	LARRY HAN, A.P.
CITY-ST-ZIP	*****35.00 *****35.00	3.4 CITY-ST-ZIP	7160 LAKE ELLenor DR.
TITLE	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME		4.2 NAME	BOARD MEMBER
STREET ADDRESS		4.3 STREET ADDRESS	C.I. LIN, BDS. A.P.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	216 N. 3RD ST. SUITE A
TITLE	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	300002604063-01	5.2 NAME	BOARD MEMBER
STREET ADDRESS	-08/28/98-01073-010	5.3 STREET ADDRESS	JOHN J. LIANG A.P.
CITY-ST-ZIP	*****26.25 *****26.25	5.4 CITY-ST-ZIP	628 E. COLONIAL DR.
TITLE	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME		6.2 NAME	BOARD MEMBER
STREET ADDRESS		6.3 STREET ADDRESS	JIAO WU, A.P.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3948 SUNBEAM RD. SUITE #4
			JACKSONVILLE, FL 32257

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/98 727-442-9220

Date

Daytime Phone

CR2E034 (10/97)