

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90103 021 ***150.00

DOCUMENT # P93000014227

1. Corporation Name
FLORIDA ACUPUNCTURE ASSOCIATION, INC.

Principal Place of Business
**901 N. HERCULES AVENUE
SUITE F
CLEARWATER FL 33765**

Mailing Address
**901 N. HERCULES AVENUE
SUITE F
CLEARWATER FL 33765**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1993

4. FEI Number

65-0390574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 *Same*
Suite, Apt. #, etc.

2a. Mailing Address

26 *Same*
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HE, HONGJIAN DR.
901 N. HERCULES AVENUE
SUITE F
CLEARWATER FL 33765**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **HE, HONGJIAN**
STREET ADDRESS **901 N. HERCULES AVENUE, SUITE F**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **VP** ☐ DELETE
NAME **LI, DAO FANG AP,PHD**
STREET ADDRESS **901-B EAST OAK STREET**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **TS** ☐ DELETE
NAME **HAN, LARRY A.P.**
STREET ADDRESS **7100 LAKE ELLENOR DRIVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **BM** ☐ DELETE
NAME **LIN, C.I. BDS,A.P**
STREET ADDRESS **216 N. 3RD STREET, SUITE A**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **BM** ☐ DELETE
NAME **LIANG, JOHN J A.P.**
STREET ADDRESS **628 E. COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **BM** ☐ DELETE
NAME **WU, JIAQI A.P.**
STREET ADDRESS **3948 SUNBEAM ROAD, SUITE 4**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/99

Date

727-442-9220

Daytime Phone #

CR2E034 (11/98)