

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085752

FILED
Mar 21, 2012
Secretary of State

Entity Name: ORIENTAL FAMILY MEDICINE, CHARTERED

Current Principal Place of Business:

901 N. HERCULES AVE.
SUITE F
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

901 N. HERCULES AVE.
SUITE F
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3214143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HE, HONGJIAN DR
901 N. HERCULES AVE.
SUITE F
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: HE, HONGJIAN DR
Address: 901 N. HERCULES AVE., SUITE F
City-St-Zip: CLEARWATER, FL 33765

Title: V
Name: BINDEMAN, JOHN M
Address: 901 N. HERCULES AVE., SUITE F
City-St-Zip: CLEARWATER, FL 33765

Title: D
Name: NG, HANNA BD
Address: 962 MORENO AVE.
City-St-Zip: PALO ALTO, CA 94303

Title: T
Name: PANG, JOHN T
Address: 1206 SAN DOMINGO CT.
City-St-Zip: CLEARWATER, FL 33759

Title: D
Name: BINDEMAN, LEE
Address: 344 HOWARD AVE.
City-St-Zip: PIEDDMONT, CA 94611

Title: D
Name: OGILVIE, KATHLEEN L BD
Address: 15903 HICKORY COVE DR.
City-St-Zip: HOUSTIN, TX 77095

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: HONGJIAN HE

P

03/21/2012

Electronic Signature of Signing Officer or Director

Date