

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90025 037 ***150.00

DOCUMENT # P96000021445

1. Entity Name

ORIENTAL HEALING CLINIC, INC.



Principal Place of Business

7003 NW 11TH PLACE
STE #5
GAINESVILLE FL 32605

Mailing Address

7003 NW 11TH PLACE
STE #5
GAINESVILLE FL 32605



2. Principal Place of Business

Same above

3. Mailing Address

Same above

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3436927

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIAN, BI-TAO
7003 NW 11TH PLACE
STE # 5
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LIAN, BI-TAO
STREET ADDRESS 7003 NW 11TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D
NAME FENG, BOB
STREET ADDRESS 7003 NW 11TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Lian, Bi Tao
STREET ADDRESS 7003 NW 11 PL #5
CITY-ST-ZIP GNV FL 32605

TITLE D
NAME FENG, BOB
STREET ADDRESS 7003 NW 11 PL #5
CITY-ST-ZIP GNV FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

1/25/06

(352) 316 3926