

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022153

FILED  
Jul 18, 2005  
Secretary of State

Entity Name: QUAN YIN MEDICAL CENTER, P.A.

## Current Principal Place of Business:

217 N.E. 97TH STREET  
MIAMI SHORES, FL 33138

## New Principal Place of Business:

## Current Mailing Address:

217 N.E. 97TH STREET  
MIAMI SHORES, FL 33138

## New Mailing Address:

FEI Number: 65-0825041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASTON, ROBERT  
217 NE 97 STREET  
MIAMI SHORES, FL 33138 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GASTON, ROBERT  
Address: 217 N.E. 97TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: VP ( ) Delete  
Name: CHAI, MICHAEL  
Address: 217 NE 97 ST.  
City-St-Zip: MIAMI SHORES, FL 33138

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT GASTON

PD

07/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date