

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051589

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** LIU'S AMERICAN INSTITUTE OF TRADITIONAL CHINESE MEDICINE, INC.

**Current Principal Place of Business:**

803 MYRTLE TERRACE  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

803 MYRTLE TERRACE  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 59-3516619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIU, ZHONGWEI DR.  
803 MYRTLE TERRACE  
NAPLES, FL 34103 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LIU, ZHONGWEI DR  
Address: 803 MYRTLE TERRACE  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: JIANG-LIU, WANZHONG DR  
Address: 803 MYRTLE TERRACE  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: LIU, ZHONGWEI DR  
Address: 803 MYRTLE TERRACE  
City-St-Zip: NAPLES, FL 34103

Title: DR (X) Change ( ) Addition  
Name: JIANG-LIU, WANZHONG DR  
Address: 803 MYRTLE TERRACE  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ZHONGWEI LIU

DR

01/04/2008

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

\_\_\_\_\_  
Date