

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052021

FILED
Feb 24, 2009
Secretary of State

Entity Name: UNIVERSITY ACUPUNCTURE AND SKIN CARE CENTER, P.A.

Current Principal Place of Business:

7630 N LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

7630 N LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0842615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, L H
240 SOUTH PINEAPPLE AVE. SUITE 401
SARASOTA, FL 34236 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: P () Delete
Name: LIU, JING
Address: 4440 BEAUCHAMP CT
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: ZHAO, RUAN J
Address: 4440 BEAUCHAMP CT
City-St-Zip: SARASOTA, FL 34243

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 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: JING LIU

P

02/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date