

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S60101

1. Entity Name  
CHINA ACUPUNCTURE & MEDICAL ARTS CENTER, INC.



FILED

08 JUN 30 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
180 SOUTH KNOWLES AVENUE  
SUITE #4  
WINTER PARK, FL 32789

Mailing Address  
180 SOUTH KNOWLES AVENUE  
SUITE #4  
WINTER PARK, FL 32789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06252008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3073282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TSAI, HELEN TONG-SH Y  
SUITE 4  
180 SOUTH KNOWLES AVENUE  
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name HUI-MIN TSAI  
Street Address (P.O. Box Number is Not Acceptable)  
180 SOUTH KNOWLES AVENUE  
SUITE 4  
City WINTER PARK FL Zip Code 32789

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 *Hui-min Tsaï*

HUI-MIN TSAI

6/25/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV  
NAME TSAI, HUI-MIN ☐ Delete  
STREET ADDRESS 300 ADAIR AVE  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE DP  
NAME TSAI, HELEN TONG-SHE Y ☒ Delete  
STREET ADDRESS 300 ADAIR AVE  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME TSAI, HUI-MIN ☒ Change ☐ Addition  
STREET ADDRESS 300 ADAIR AVE  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE DV  
NAME TSAI, WINSTON ☐ Change ☒ Addition  
STREET ADDRESS 300 ADAIR AVE  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE  
NAME 400133004354 ☐ Change ☐ Addition  
STREET ADDRESS 07/16/08--01016--005 \*\*\$61.25  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Hui-min Tsaï*

HUI-MIN TSAI, 6/25/08

407 628-9918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

207/1