2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2021
Secretary of State
4161587553CC

DOCUMENT# P08000038112

Entity Name: NORTH POLE HEALTHCARE, INC.

Current Principal Place of Business:

8810 COMMODITY CIR # 36
ORLANDO, FL 32819

Current Mailing Address:

8810 COMMODITY CIR # 36
ORLANDO, FL 32819 US

FEI Number: 27-3157912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZHENG, LIN
13038 WINFIELD SCOTT BLVD
ORLANDO, FL 32837 US

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

Officer/Director Detail :

Title	DIRECTOR
Name	WANG, KAIPING
Address	2 WHITE ROCK TERRACE
City-State-Zip:	HOLMDEL NJ 07733

Title	CEO
Name	ZHENG, LIN
Address	13038 WINFIELD SCOTT BLVD
City-State-Zip:	ORLANDO FL 32837

Title	T
Name	FENG, YIBING
Address	13038 WINFIELD SCOTT BLVD
City-State-Zip:	ORLANDO FL 32837

Title	P
Name	ZHOU, QIANG
Address	2 WHITE ROCK TERRACE
City-State-Zip:	HOLMDEL NJ 07733

Title	DIRECTOR
Name	ZHANG, FUDONG
Address	8810 COMMODITY CIR # 36
City-State-Zip:	ORLANDO FL 32819

I hereby 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 all other like empowered.

SIGNATURE: LIN ZHENG CEO 04/19/2021

Electronic Signature of Signing Officer/Director Detail — Date