

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000086150

**Entity Name:** IVY ACUPUNCTURE & MEDICINE CLINIC

**Current Principal Place of Business:**

9555 N KENDALL DR  
101  
MIAMI, FL 33176

**Current Mailing Address:**

9555 N KENDALL DR  
101  
MIAMI, FL 33176 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

YAN, SHIFENG  
9555 N KENDALL DR  
101  
MIAMI, FL 33176 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

**Authorized Person(s) Detail :**

Title MGR  
Name YAN, SHIFENG  
Address 9555 N KENDALL DR. SUITE 101  
City-State-Zip: MIAMI FL 33176

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHIFENG YAN**

**MGR**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date