Australian Securities & Investments Commission

Form 489

Corporations Act 2001

Notification of change of registered office or office hours of a registered body Use this form to notify ASIC of changes to registered office address or office hours of a registered body

484 Change to company details Section A1 (for change or registered office address of a company)

If there is insufficient space in any se	ction of the form, you may photocopy the relevant page(s) and submit as part of this lodgement
Registered body details	Corporation name
Registered body details	Angy (China) Medical Limited
	ARBN
	616 476 441
	Type of registered body (tick one box) Registered foreign company Registered Australian body
Lodgement details	Who should ASIC contact if there is a query about this form? Name
	Thomas Kim, HWL Ebsworth Lawyers
	ASIC registered agent number (if applicable)
	3854
	Telephone number
	(03) 8644 3500
	Postal address
	PO Box 3 Collins Street West
	Melbourne VIC 3000
	Please provide an estimate of the time taken to complete this form hrs mins
1 Type of change	
Tiels besses that and s	Registered office in Australia
Tick boxes that apply	Office hours in Australia
	Foreign address
	NA 1 growing and 1999

4 Change of foreign address

The address supplied should be the registered office of the company in its country of origin. If the legislation of that country does not require a registered office, the principal place of business for the company should be provided instead.

	Registered office		
	Principal place of business		
	At the office of, C/- (if applicable)		
New foreign address	Office, unit, level		
(A PO box is not acceptable)	Unit 2302, 23/F		
	Street number and Street name		
	New World Tower 1, 18 Queen's Road Central		
	Suburb/City	State/Territory	
	Central		
	Postcode Country		
	Hong Kong		
	Date of change		
Date of change	0 1 / 0 3 / 1 7 [D D] [M M] [Y Y]		

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Signature

This form must be signed by a current director (or equivalent), or a local agent of a foreign company

Ao Zhenming Capacity Director Local agent of a foreign company Signature Date signed D D D M M N Y Y	Name	fy that the information in this form is true and complete
Director Local agent of a foreign company Signature Date signed	Ao Zh	enming
Local agent of a foreign company Signature Date signed	Capad	city
Signature Date signed	V	Director
Date signed		Local agent of a foreign company
	Signa	ture
		217 CVK
[D D] [M M] [Y Y]	Date s	signed \
	[D	D] [M M] [Y Y]

Lodgement

Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.

For help or more information

 Telephone
 03 5177 3988

 Email
 info.enquiries@www.asic.gov.
 info.enquiries@asic.gov.au www.asic.gov.au