FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00 APPROVE FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 95 APR 19 PM 4: 18 1995 DIVISION OF CORPORATIONS **DOCUMENT # F04177** SECRETARY OF STATE TALLAHASSEE, FLORIDA SING LONG CHANG, M.D., P.A. Principal Place of Business Mailing Address 6317 SUNHIGH DRIVE 6317 SUNHIGH DRIVE **NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655** DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified 38. Date of Last Report 11/01/1980 04/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1413274 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under S. 199.032, 25 29 30 Yes ☐ No 24 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RYON, J. M ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 5124 TROUBLE CREEK RD THE REAL PROPERTY. 83 **NEW PORT RICHEY FL 34652** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition Change TETLE 1. 1 TITLE CHANG, SING LONG NAME 1.2 NAME 6317 SUNHIGH DRIVE STREET ADDRESS 1.3 STREET ADDRESS NEW PT RICHEY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TILE 2.1 THILE CHANG, FONG MEI NAME 2.2 NAME **6317 SUNHIGH DRIVE** STREET ADDRESS 2.3 STREET ADDRESS NEW PT RICHEY FL CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE __ Change ___ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST-ZIP Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5 1 TITLE Change Addition HAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY+ST-ZIP 5.4 CITY - ST-7/P G 1 TITLE Change ___ Addition TITLE HALLE 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal affect as if made under eath; 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 12 or Block 13 If changed, or on an attachment with an address 4/13/25 (813) 845-1736

OMNO OFFICER OR DIRECTOR

0979631 CP