

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mogham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060451 (8)

1. Corporation Name
JOHN Y. CHOY, M.D., P.A.



Principal Place of Business: 707 WESTWOOD LANE BRANDON FL 33511
Mailing Address: 707 WESTWOOD LANE BRANDON FL 33511

3. Date Incorporated or Qualified: 08/04/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59 3343009
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business
21. 4777 SE 35th AVE
22. Suite, Apt. #, etc.: [Blank]
23. City & State: OCALA FL
24. Zip: 34480
25. Country: MARSH
26. Mailing Address: 4777 SE 35th AVE
27. Suite, Apt. #, etc.: [Blank]
28. City & State: OCALA FL
29. Zip: 34480
30. Country: MARSH

9. Name and Address of Current Registered Agent: CHOY, JOHN Y MD 707 WESTWOOD LANE BRANDON FL 33511
10. Name and Address of New Registered Agent:
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): 4777 SE 35th AVENUE
83. City: OCALA
84. State: FL
85. Zip Code: 34480

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: [Handwritten Signature] DATE: 04/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	CHOY, JOHN Y 707 WESTWOOD LANE BRANDON FL 33511	1. TITLE: TREASURER (T)	[] Change [X] Addition
NAME: CHOY, JOHN Y		12. NAME: THERESA SUSAN MILLER	
STREET ADDRESS: 707 WESTWOOD LANE		13. STREET ADDRESS: 4777 SE 35th AVE	
CITY-ST-ZIP: BRANDON FL 33511		14. CITY-ST-ZIP: OCALA FL 34480	
TITLE: [] DELETE		2. TITLE: [] Change [] Addition	
NAME: [] DELETE		22. NAME: [] Change [] Addition	
STREET ADDRESS: [] DELETE		23. STREET ADDRESS: [] Change [] Addition	
CITY-ST-ZIP: [] DELETE		24. CITY-ST-ZIP: [] Change [] Addition	
TITLE: [] DELETE		3. TITLE: [] Change [] Addition	
NAME: [] DELETE		32. NAME: [] Change [] Addition	
STREET ADDRESS: [] DELETE		33. STREET ADDRESS: [] Change [] Addition	
CITY-ST-ZIP: [] DELETE		34. CITY-ST-ZIP: [] Change [] Addition	
TITLE: [] DELETE		4. TITLE: [] Change [] Addition	
NAME: [] DELETE		42. NAME: [] Change [] Addition	
STREET ADDRESS: [] DELETE		43. STREET ADDRESS: [] Change [] Addition	
CITY-ST-ZIP: [] DELETE		44. CITY-ST-ZIP: [] Change [] Addition	
TITLE: [] DELETE		5. TITLE: 700001847688	[] Change [] Addition
NAME: [] DELETE		52. NAME: -06/03/96--01032--003	
STREET ADDRESS: [] DELETE		53. STREET ADDRESS: ***200.00	
CITY-ST-ZIP: [] DELETE		54. CITY-ST-ZIP: [] Change [] Addition	
TITLE: [] DELETE		6. TITLE: [] Change [] Addition	
NAME: [] DELETE		62. NAME: [] Change [] Addition	
STREET ADDRESS: [] DELETE		63. STREET ADDRESS: [] Change [] Addition	
CITY-ST-ZIP: [] DELETE		64. CITY-ST-ZIP: [] Change [] Addition	

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 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 12 or Block 13 if changed, or on an attached sheet with an address.
Signature: [Handwritten Signature] DATE: 04/26/96 (352) 732-9988

CR2E034 (12/95)