

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007868

Entity Name: N.G.O. HEALTHCARE CORP**Current Principal Place of Business:**2165 ALWORTH TER
WELLINGTON, FL 33414**Current Mailing Address:**2165 ALWORTH TER
WELLINGTON, FL 33414**FEI Number:** 26-3242318**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NGO, TUONG AI
2726 ELEANOR WAY
WELLINGTON, FL 33414 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	P
Name	NGO, TUONG AI
Address	2726 ELEANOR WAY
City-State-Zip:	WELLINGTON FL 33414

Title	S
Name	NGO, HOA D
Address	2165 ALWORTH TER
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	NGUYEN, GIENG T
Address	10362 PARLIAMENT
City-State-Zip:	GARDEN GROVE CA 93640

Title	VP
Name	NGO, MELISSA T
Address	2165 ALWORTH TER
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	NGO, VU D
Address	2539 SAWYER TER
City-State-Zip:	WELLINGTON FL 33414

Title	TRS
Name	NGO, THUY-DUONG N
Address	2165 ALWORTH TER
City-State-Zip:	WELLINGTON FL 33414

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TUONG AI NGO**PRES****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date