

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000071609

**Entity Name:** DR. NGO MEDICAL CLINIC, PA

**Current Principal Place of Business:**

54 SOUTH KIRKMAN ROAD,  
SUITE: E  
ORLANDO, FL 32811

**Current Mailing Address:**

54 SOUTH KIRKMAN ROAD,  
SUITE: E  
ORLANDO, FL 32811 US

**FEI Number:** 27-0786937

**Certificate of Status Desired:** No

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

NGO, HUNG Q  
54 S. KIRKMAN ROAD - STE. #E  
ORLANDO, FL 32811 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, HUNG Q MD  
Address 54 SOUTH KIRKMAN ROAD,  
SUITE: E  
City-State-Zip: ORLANDO FL 32811

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

**SIGNATURE:** HUNG NGO

**DIRECTOR**

**03/19/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date