**FILED** 

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90038 015 \*\*\*150.00

## ~ 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 573438

1. Entity Name

CHAN	ACUP	JNCTUF	RE CLIN	IC OF	FLO	orida.	INC

		,							
Principal Place of Business 35 BARKLEY CIR STE 2		Mailing Address 35 BARKLEY CIR STE. 2		(	*******	U			
FORT MYERS FL 33907		FORT MYERS FL 3390	7		I SERVEL BUDG EEDING SIGH GUBB GAG.	inel acale dine	I <b>O(D)</b>	(81) E18 (188)	
US		US							
	Place of Business	3. Mailing Address		<del></del>	-{	ibii bibii bibi	i bibli bibli bi	ight block took	
		, walling , tall out			<b>\</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-1811704		Applied For Not Applicable		}
Zip	Country	Zip	Zip Country					.75 Additional Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Reg	istered Aç	jent		]
				Name	~ <u>~</u>				}
CHAN, YA	AM PING LEY CIR, STE. 2	والمعادي المستعمل	Street Address		s (P.O. Box Number is Not Acceptable)				
	S FL 33907			<u> </u>					┪ '
FI MITCH	5 FL 55907			L			. <u>.                                   </u>		
				City		FL	Zip Code	9	
	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registere	ed office or register	red agent, or both, in the State of Floric	la. I am fai	miliar with,	and accept	
SIGNATURE									1
CIGITATOTIE	Signature, typed or printed name of registered ager	nt and title if applicable. (N	IOTE: Registere	d Agent signature required	d when reinstating)	DATE		<del></del>	1
F	ILE NOW!!! FEE IS \$150.00								1.
	r May 1, 2003 Fee will be \$550.00 K#Payable to Florida Department				9. Election Campaign Finar Trust Fund Contribution.	icing		<b>0</b> May Be I to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND (	DIRECTORS	S IN 11	1_
TITLE	PD	☐ Delete	TITLE				☐ Change	Addition	CR2E034 (10/02)
NAME	CHAN, YAM PING		NAM	<b></b>			-		100
STREET ADDRESS	1910 VIRGINIA AVENUE			ET ADDRESS					엄
CITY-ST-ZIP	FT MYERS FL		CITY	-ST-ZIP	<del></del>				၂ည္ထ
TIŢLE	STD	☐ Delete	TITLE			ľ	☐ Change	☐ Addition	18
NAME	NEELD, ROBERT M JR		NAM	1					} ~
STREET ADDRESS	1426 SE 44TH ST	<b>6 6 8</b>		ET ADDRESS					
CITY-ST-ZIP	EDEL WALES IT THAT C'	e Goral FL 3390	CITY	-ST-ZIP					]
TITLE	<b>-</b> ,	☐ Delete	TITLE	1		ſ	☐ Change	Addition	
NAME			i NAM	[				_	1
STREET ADDRESS CITY-ST-ZIP	}			ET ADDRESS					
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NAME STREET ADDRESS			NAMI	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					1
	ļ. <u> —                                   </u>	, Mass		<del></del>		r	Channe	Maria:-	1
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CITY-ST-ZIP			•	ST-ZIP					1
TITLE	<u> </u>	Delete	<del></del>				] Change	Addition	1
NAME		☐ Delete	TITLE NAMS			L	_1 change	T Madition	}
STREET ADDRESS				ET ADDRESS					,
CITY-ST-ZIP	1			ST-ZIP					}

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

239.275.3434

Daytime Ph

Date