


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90014 029 \*\*\*550.00

<b>DOCUMENT # 626157</b> 1. Entity Name <b>HONG TAING TEK, M.D., P.A.</b>	
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Principal Place of Business <b>1820 BARRS ST. SUITE 433 JACKSONVILLE, FL 32204</b>	Mailing Address <b>1820 BARRS ST. SUITE 433 JACKSONVILLE, FL 32204</b>
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**20063222**

2. Principal Place of Business <b>1820 BARRS ST.</b>	3. Mailing Address <b>1820 BARRS ST.</b>
Suite, Apt. #, etc. <b>SUITE 733</b>	Suite, Apt. #, etc. <b>SUITE 733</b>
City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32204</b>	Country
Zip <b>32204</b>	Country



07072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1917317</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>TEK, HONG TAING M.D. 1820 BARRS ST. SUITE 433 JACKSONVILLE, FL 32204</b>	
7. Name and Address of New Registered Agent Name <b>Richard D Brock, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1301 Riverplace Blvd, Suite 2400</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard D Brock, CPA* P.C.A. DATE 7-7-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TEK, HONG TAING 1820 BARRS ST. SUITE 433 JACKSONVILLE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST TEK, HONG TAING 1820 BARRS ST. SUITE 433 JACKSONVILLE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard D Brock, CPA* **7/11/05** **904 388-0732**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #