## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F85503

(3)

## **FILED** Jan 26 1998 8:00am Secretary of State

DOMIN	IGO T.C.	NGO, M.D., P.A.							A KRASHAR SUBU CALAL ABRAK BELUK ABKAR TUTU DUDUK ALAK			
Principal Place of Business Mailing Address								9 LANDING TING HARDE MITCH MITCH RUTHA 3111 ATRIC 2504	#1#11 #1#11 #1	Bt( 8   8   1   1   8		
% DOMINGO T.C. NGO. M.D.       % DOMINGO T.C. NGO. M.D.         823 EAST OSCEOLA STREET       823 EAST OSCEOLA STREET								DO NOT WEITE IN THE	20405		_	
STUART FL 3	34994		8	STUART FL 34994				-	DO NOT WRITE IN THIS	SPACE		<b>-</b>
									<ol> <li>Date Incorporated or Qualified 07/01/1982</li> </ol>			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	A	Applied For	1
21			26					59-2196673	I N	lot Applicable	]	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			ļ	5. Certificate of Status Desired		Additional Required		
City & State	e			City & State					6. Election Campaign Financing	\$5.00	May Be	1
23			28					<u> </u>	Trust Fund Contribution		to Fees	
Zîp		Country		Zip		Country	,	T	8. This corporation owes or has paid the cur			1
24		25	29		30			L			No	1
		and Address of Curre	ent Regis	itered Agent		81	Name		10. Name and Address of New Registered	Agent		┨
		30 T.C., M.D.				81	Ivame					l
823 E. OSCEOLA ST. STUART FL 34994						82	Street Ac	et Address (P.O. Box Number is Not Acceptable)		-	1	
511	UARI FL 34	1994				83				····		
						03						
						84	City		FL	<b>85</b> Zip	Code .	
11. Pursuant office or r	to the provisi egistered ag	ons of Sections 607.05 ent, or both, in the State	02 and 6	07.1508, Florida Sta	atutes, the	e above	e-named co	orpora	ation submits this statement for the purpose of	changing	its registered	1 -
agent 1 a	m familiae wi	the and against the abili	antione of	da. Such change w	as author	rized by	the corpo	ration	's board of directors. I hereby accept the app	ointment a	s registered	l
	m familiar wi	th, and accept the obliq	gations of	da. Such change wi f, Section 607.0505,	as author , Florida :	rized by Statutes	the corpo 3.	ration	ation submits this statement for the purpose of 's board of directors. I hereby accept the app	ointment a	s registerea	
agent. 1 a SIGNATURE		or printed name of registered ag	gent and title	if applicable. (					's board of directors. I hereby accept the app	ointment a	s registered	ķ
SIGNATURE	Signature, typed		gent and title	if applicable. (	NOTE. Regis	stered Age				DIRECTO	RS IN 12	12.07
SIGNATURE 12. TITLE	Signature, typed	or printed name of registered ag OFFICERS AN	gent and title	if applicable. (	NOTE. Regis	stered Age I 3.			then reinstating) DATE			(40,07)
SIGNATURE  12.  TITLE  NAME	DP NGO, D	or printed name of registered at OFFICERS AN	gent and title ND DIREC	if applicable. (	NOTE Regis	stored Age 13. 1.1 TITLE 1.2 NAME	nt signature rea		then reinstating) DATE	DIRECTO	RS IN 12	120007
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14. 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 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 property attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

ISE POOMINGO FO NGO M.D.

1/19/98

(561)-283-9111