

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F85503

FILED
Jan 17, 2004
Secretary of State

Entity Name: DOMINGO T.C. NGO, M.D., P.A.

Current Principal Place of Business:

% DOMINGO T.C. NGO, M.D.
823 EAST OSCEOLA STREET
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

% DOMINGO T.C. NGO, M.D.
823 EAST OSCEOLA STREET
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2196673 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NGO, DOMINGO T.C., M.D.
823 E. OSCEOLA ST.
STUART, FL 34994

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NGO, DOMINGO T.C.
Address: 2422 RACQUET CLUB DRIVE
City-St-Zip: PALM CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DOMINGO TC NGO, MD

PRES

01/17/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date