

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F85503

FILED  
Jan 04, 2011  
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 US

**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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: NGO, DOMINGO T C  
Address: 2422 SW RACQUET CLUB DRIVE  
City-St-Zip: PALM CITY, FL 34990

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: DOMINGO NGO, MD

PRES

01/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date