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FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G06736 (4)
1. Corporation Name
VICTOR S. KOO, M.D., P.A.



Principal Place of Business

2800 S SEACREST BLVD. SUITE 105B
BOYNTON BCH. FL 33435

Mailing Address

2800 S SEACREST BLVD. SUITE 105B
BOYNTON BCH. FL 33435-7935

3. Date Incorporated or Qualified
10/27/1982

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

21 2623 S SEACREST BLVD

Suite, Apt. #, etc.

22 SUITE 206

City & State

23 BOYNTON BCH, FL

Zip

24 33435

Country

25

2a. Mailing Address

26 2623 S. SEACREST

Suite, Apt. #, etc.

27 SUITE 206

City & State

28 BOYNTON BCH, FL

Zip

29 33435

Country

30

4. FEI Number

59-2229992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

KOO, VICTOR S.
2824 S. SEACREST BLVD.
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2623 S. SEACREST BLVD

83

SUITE 206

84

City BOYNTON BCH

FL

85

Zip Code

33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KOO, VICTOR

STREET ADDRESS 2800 S SEACREST BLVD, STE 105B

CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2623 S. SEACREST BLVD STE 206

BOYNTON BCH, FL 33435

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE

(S) 436-3888

CR2E034 (9/96)