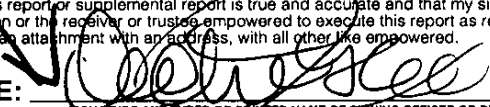


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90042 038 ***150.00

DOCUMENT # G06736 1. Entity Name VICTOR S. KOO, M.D., P.A.					
Principal Place of Business 2828 S SEACREST BLVD SUITE 201 BOYNTON BEACH, FL 33435-7944 US			Mailing Address 2828 S SEACREST BLVD SUITE 201 BOYNTON BEACH, FL 33435-7944 US		
2. Principal Place of Business - No P.O. Box # 2800 S SEACREST Blvd Suite, Apt. #, etc. Suite 160 City & State Boynton Beach, FL Zip 33435		3. Mailing Address 2800 S SEACREST Blvd Suite, Apt. #, etc. Suite 160 City & State Boynton Beach, FL Zip 33435			
Country USA		Country USA		4. FEI Number 59-2229992 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01232007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent KOO, VICTOR S 2828 S SEACREST BLVD SUITE 201 BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name VICTOR S. KOO Street Address (P.O. Box Number is Not Acceptable) 2800 S SEACREST Blvd Suite 160 City Boynton Beach FL Zip Code 33435		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOO, VICTOR 2828 SEACREST BLVD STE 201 BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2800 SEACREST Blvd STE 160 Boynton Beach, FL 33435	
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 exemptions contained in Chapter 119, 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: 			Date 1/29/07 Daytime Phone # 561-736-3888		

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