

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H84828

1. Entity Name

KHOI X. DAM, M.D., P.A.

Principal Place of Business

Mailing Address

11915 OAK TRAIL WAY
PORT RICHEY FL 34668

11915 OAK TRAIL WAY
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2605432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAM, KHOI X.
13024 WYNDALE DRIVE
BAYONET POINT FL 34667

Name DAM, KHOI X.

Street Address (P.O. Box Number is Not Acceptable)
4165 MORENO DRIVE

City PALM HARBOR

FL

Zip Code 34685

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DAM, KHOI X.
STREET ADDRESS 13024 WYNDALE DRIVE
CITY-ST-ZIP BAYONET POINT FL

TITLE PD ☒ Change ☐ Addition
NAME DAM, KHOI X.
STREET ADDRESS 4165 MORENO DRIVE
CITY-ST-ZIP PALM HARBOR, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KHOI X DAM MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/01

Date

727-863-7995

Daytime Phone #

CR2E034 (10/00)

0424285

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90085 031 ***150.00

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DO NOT WRITE IN THIS SPACE