

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84828

FILED  
Jan 10, 2010  
Secretary of State

**Entity Name:** KHOI X. DAM, M.D., P.A.

**Current Principal Place of Business:**

11915 OAK TRAIL WAY  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

11915 OAK TRAIL WAY  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 59-2605432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAM, KHOI X.  
18011 PATTERSON ROAD  
ODESSA, FL 33556 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DAM, KHOI X.  
Address: 18011 PATTERSON ROAD  
City-St-Zip: ODESSA, FL 33556

Title: VP  
Name: DAM, TAM  
Address: 18011 PATTERSON RD  
City-St-Zip: ODESSA, FL 33556

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: KHOI X DAM MD

MD

01/10/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date