

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # J10006

1. Entity Name
GO AND GO, M.D., P.A.



Principal Place of Business

Mailing Address

3452 W. BOYNTON BEACH BLVD. SUITE 4
BOYNTON BEACH, FL 33436 US

3452 W. BOYNTON BEACH BLVD. SUITE 4
BOYNTON BEACH, FL 33436 US



07172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2672759

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GO, KA-HOCK
3452 W. BOYNTON BEACH BLVD. SUITE 4
BOYNTON BEACH, FL 33436

**DO NOT WRITE
IN THIS SPACE**

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

(Signature, typed or printed name of registered agent on file if applicable)

(NOTE: Registered Agent signature required when replacing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME GO, KA-HOCK
STREET ADDRESS 3452 W. BOYNTON BEACH BLVD. SUITE 4
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D
NAME GO, JEANNE
STREET ADDRESS 3452 W. BOYNTON BEACH BLVD. SUITE 4
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

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07/23/07-80006-005 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed