| 2002   | UNIFORM BUSI  | NESS REPO                                  | RT (UBR  | <u>)                                    </u> |  | •                  | •,"         | 1.5 ·               |
|--|---|--|--|--|--|--------------------|-------------|---------------------|
| DOCUN  | MENT # <sub>J10006</sub>  | . 4  |  | -  -   |  |                    |             | -                   |
| •  | & Go, MD, PA  | ·  |  |  | •  |                    |             |                     |
| Discipal Phon                                | a of Business   | Mailing Address                            | ·  |  |  | FILED              |             |                     |
| Principal Place                              |   | •  | •  | .  | 03 1111 0                                    |                    |             |                     |
|  | 1 W Boynton Beach<br>ynton Beach, FL 3  | B1vd. sar<br>33435                         | ne   |  | SECRETAE                                     | FILED 6 PH 3:5     | 9           |                     |
| 2. Principal Place of Business               |   | 3. Mailing Address                         |  |  | MULAHASSI                                    | Y OF STATE         |             |                     |
| 301 W Boynton Beach Blve Suite, Apt. #. etc. |   | 301 W Boynton Beach B1 Suite. Apt. #. etc. |  | Blvd.  |  | RITE IN THIS SPAC  | Ε           |                     |
|  |   | 0  |  |  |  |                    | I (a        | in Car              |
| City & State                                 | n Beach, FL   | City & State  Boynton Beach, FL            |  |  | Number<br> - 2672759                         |                    | <del></del> | Applicable          |
| Zip Country                                  |   | Zip Country                                |  |  | ertificate of Status Desired                 |                    | 75 Addit    |                     |
| 33435  | 6. Name and Address of Current F  | 33435                                      | UŞA  |  | me and Address of New                        | Fee :              | Required    |                     |
|  | U. Name and Address of Cartain  | togistatoa regult                          | Name   | 7. 144                                       | The died readings of 170 to                  |                    |             |                     |
| Ka-Hock Go, MD<br>301 W. Boynton Beach Blvd. |   |  |  | dress (P.O. Bo                               | Number is Not Acceptate                      | ole)               |             |                     |
| Boynto                                       | n Beach, FL 3343  | 5  |  | <del>-</del> -                               |  |                    |             |                     |
|  |   |  | City   |  |  | FL   7             | Zip Code    |                     |
| 8. The above                                 | named entity submits this statement for   | r the purpose of changing its r            | egistered office or re                                 | egistered ager                               | nt, or both, in the State of                 | Florida.           |             |                     |
|  |   |  |  |  |  |                    |             |                     |
| SIGNATURE .                                  | Signature, typed or printed name of registered agent a  | indibite if applicable (NOTE.              | Registered Agent signature                             | nen nemw Denutyen                            | stating)                                     | DATE               |             |                     |
| Tax filing re                                | oration is eligible to satisfy its intangible equirement and elects to do so. It also back)                                 |  | FEE IS \$150.00<br>Fee will be \$55<br>e to Department | 0.00   | 10. Election Campaign<br>Trust Fund Contribu |                    |             | 0 May Be<br>to Fees |
| 11.  | OFFICERS AND  | DIRECTORS                                  | 12.  | ADC  | ITIONS/CHANGES TO C                          |                    |             |                     |
| TITLE  | Go, Ka-Hock MD  | D Delete                                   | TITLE<br>NAME  | -1 :   |  | _                  | Сћапде      | Addition            |
| NAME<br>STREET ADDRESS !<br>CITY-ST-ZIP      | 301 W Boynton Be<br>Boynton Beach, F  |  | STREET ADDRESS CITY-ST-ZIP                             | 07/02  | 0 <b>0021</b> 27<br>2/03010560               | 325 **150          | .00         |                     |
| TITLE  | Go, Jeanne MD   | D 🗆 Delete                                 | TITLE  |  |  |                    | Change      | Addition            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 301 W Boynton Be<br>Boynton Beach, F  |  | STREET ADDRESS CITY+ST-ZIP                             | 07/0;  | 0002127<br>2/0301056                         | ^3U51<br>024 **150 | .00         |                     |
| TITLE  |   | ☐ Delete                                   | TITLE  | ····   |  |                    | Change      | Addition            |
| NAME   |   |  | NAME   |  |  |                    |             |                     |
| STREET ADDRESS<br>CITY-ST-ZIP                |   |  | STREET ADDRESS<br>City-St-Zip                          |  |  |                    |             |                     |
| TITLE  |   | ☐ Delete                                   | TITLE  |  |  | · □                | ] Change    | Addition            |
| NAMÉ<br>STREET ADDRESS                       |   |  | STREET ADDRESS   |  |  |                    |             |                     |
| CITY-ST-ZIP                                  |   |  | City-St-ZIP  |  |  |                    |             |                     |
| TITLE  |   | Delete                                     | TITLE  |  |  |                    | Change      | Addition            |
| NAME<br>STREET ADDRESS                       |   |  | STREET ADDRESS   |  |  |                    |             |                     |
| CITY-ST-ZIP                                  |   |  | CITY-ST-ZIP  |  |  |                    |             |                     |
| TITLE  |   | ☐ Delete                                   | TITLE  |  |  |                    | ] Change    | Additic             |
| NAME<br>STREET ADDRESS                       |   |  | NAME<br>STREET ADDRESS                                 |  |  |                    |             |                     |
| CITY-ST-ZIP                                  |   |  | CITY-ST-ZIP  |  |  |                    |             |                     |
|  | certify that the information supplied with<br>a on this report or supplemental report i                                     |  |  |  |  |                    |             |                     |
| of the co                                    | ore this report of supplemental peport of progration or the receiver of trustee empty, or on an attachment with an address. | lowered to execute this report             | as recuired by Chai                                    | pter 607, Flori                              | da Statutes; and that my r                   | name appears in B  | lock 11 o   | r Block 12 if       |
|  | TU  |  |  |  | 1.116/1                                      | 3                  |             |                     |
| SIGNAT                                       | TURE:   | PRINTED NAME OF SIGNING OFFICER            | OR DIRECTOR  |  | · 0/10/10                                    | Dayte              | me Phone #  |                     |
|  | <b>₹</b> : -= -   |  |  |  |  |                    |             |                     |

## 2003 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J10006 1. Entity Name Go & Go, MD, PA Principal Place of Business 301 W Boynton Beach Blvd. same Boynton Beach, FL 33435 2. Principal Place of Business 3. Mailing Address 301 W Boynton Beach Blvd 301 W Boynton Beach Blvd. Suite, Apt. #. etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Boynton Beach Not Applicapie Boynton Beach 59-2672759 Country \$8.75 Additional 5. Certificate of Status Desired 33435 33435 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ka-Hock Go, MD Street Address (P.O. Box Number is Not Acceptable) 301 W. Boynton Beach Blvd. Boynton Beach, FL City Zip Code 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, typed or printed name of registered agent and title if app: cable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2009 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Go, Ka-Hock MD Addition 301 W Boynton Beach Blvd. HAME STREET ADDRESS Boynton Beach, FL STREET ADDRESS CITY-ST-ZIP CITY-ST-72P TITLE Go, Jeanne MD ☐ Change 7:71 F Addition NAME 301 W Boynton Beach Blvd. 1:AME STREET ADDRESS STREET ADDRESS Boynton Beach, FL 33435 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete \*:7LF ☐ Change ☐ Addition NAME :::ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delere ☐ Change Addition NAME CAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 peport 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 russee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block 12 if address, with all other like empowered. changed, or on an attachment with

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## PASTRAN, P.A., CPA'S

## A PROFESSIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

June 2, 2003

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Attention: Reinstatements

Re: Go & Go, MD, PA

Document No. J10006

To Whom It May Concern:

Please find attached completed 2002 and 2003 Uniform Business Reports for the above corporation, along with their check in the amount of \$300.00 for the annual fees.

Dr. Go did not receive the 2002 Uniform Business Report and neglected to file it and pay the fee. We just became aware that 2002 and 2003 were not filed and paid and have completed the appropriate forms accordingly.

Due to these circumstances, we would appreciate your waiving the reinstatement fee for this corporation. If you have any questions, please call me. Thank you for your assistance.

Raul E. Pastran, CPA, CFST

Pastran, PA, CPA's

Encls: REP:mf

Sincerely