

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91759 048 ***150.00

DOCUMENT # J67143

1. Entity Name

ALBINO Y. KUON, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Albino Y. Kuon, M.D.

3. Mailing Address
Albino Y. Kuon, M.D.

Suite, Apt. #, etc.
4360 N US 1

Suite, Apt. #, etc.
4360 N US 1

City & State
Cocoa, FL

City & State
Cocoa, FL

Zip Country
32927 US

Zip Country
32927 US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2778620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Kuon, Albino Y., M.D.

Street Address (P.O. Box Number is Not Acceptable)
4360 N. US 1

City Cocoa FL Zip 32927

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

Albino Kuon
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

May 20, 2002

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PS
NAME KUON, ALBINO., M.D.
STREET ADDRESS 2527 CRICKETT TRAIL
CITY-ST-ZIP TITUSVILLE FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albino Kuon

May 20, 2002

Daytime Phone #

CR2E034B (12/01)