

**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

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4360 N US 1

DO NOT WRITE IN THIS SPACE

City & State  
Cocoa, FL

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Cocoa, FL

4. FEI Number  
59-2778620

Applied For  
Not Applicable

Zip Country  
32927 US

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32927 US

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

May 20, 2002

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)

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

**DO NOT WRITE  
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:  Albino Kuon

May 20, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034B (12/01)