

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67143

FILED  
Aug 02, 2004  
Secretary of State

Entity Name: ALBINO Y. KUON, M.D., P.A.

**Current Principal Place of Business:**

ALBINO Y. KUON, M.D.  
4360 N US 1  
COCOA, FL 32927 US

**New Principal Place of Business:**

**Current Mailing Address:**

ALBINO Y. KUON, M.D.  
4360 N US 1  
COCOA, FL 32927 US

**New Mailing Address:**

FEI Number: 59-2778620      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KUON, ALBINO Y., M.D.  
4360 N. US 1  
COCOA, FL 32927 US

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

JAMES A WRIGHT  
320 FORTENBERRY RD  
MERRITT ISLAND, FL 32952 US

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: JAMES A WRIGHT      08/02/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: KUON, ALBINO., M.D.,  
Address: 2527 CRICKETT TRAIL  
City-St-Zip: TITUSVILLE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WRIGHT, JAMES A MR  
Address: 320 FORTENBERRY RD  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES A WRIGHT      D      08/02/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date