


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # J67143 1. Entity Name ALBINO Y. KUON, M.D., P.A.	
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Principal Place of Business ALBINO Y. KUON, M.D. 4360 N US 1 COCOA, FL 32927 US	Mailing Address ALBINO Y. KUON, M.D. 4360 N US 1 COCOA, FL 32927 US
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01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2778620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUON, ALBINO M.D. 4360 N US 1 COCOA, FL 32927
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B. 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: *Albino Kuon* DATE: April 3, 2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KUON, ALBINO, M.D. 2527 CRICKETT TRAIL TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KUON, CHRISTINE 2527 CRICKETT TRAIL TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/17/07-80035-017 150.00

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: *Albino Kuon* DATE: April 3, 2007 221-632-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone