

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67143

FILED  
Feb 08, 2012  
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 M.D.  
4360 N US 1  
COCOA, FL 32927 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KUON, ALBINO., M.D.  
Address: 2527 CRICKET TRAIL  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: SD  
Name: KUON, RACHEL  
Address: 2527 CRICKET TRAIL  
City-St-Zip: TITUSVILLE, FL 32780 US

I hereby 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 all other like empowered.

SIGNATURE: ALBINO KUON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

02/08/2012

\_\_\_\_\_  
Date