

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51289

FILED  
Mar 10, 2011  
Secretary of State

**Entity Name:** ROBERT CHUONG, D.M.D., M.D., P.A.

**Current Principal Place of Business:**

2140 16TH ST NORTH  
SAINT PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

8542 MEADOWBROOK DRIVE  
LARGO, FL 33777 US

**New Mailing Address:**

**FEI Number:** 59-2920002      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHUONG, ROBERT  
2140 - 16TH ST N  
SAINT PETERSBURG, FL 33704 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: D  
Name: CHUONG, ROBERT  
Address: 2140 - 16TH ST N  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: V  
Name: WONG, ELAINE G  
Address: 2140 16TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33704

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: ROBERT CHUONG

D

03/10/2011

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

\_\_\_\_\_  
Date