

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50817

1. Entity Name

HOI VAN DO, FAMILY PRACTICE, P.A.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90048 007 ***150.00

Principal Place of Business % HOI VAN DO, MD PA 1437 NORTH PINEHILLS ROAD ORLANDO FL 32808	Mailing Address % HOI VAN DO, MD PA 1437 NORTH PINEHILLS ROAD ORLANDO FL 32808-4424
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2. Principal Place of Business 1261 N. PINE HILLS RD Suite, Apt. #, etc. B	3. Mailing Address 1261 N. Pine Hills Rd Suite, Apt. #, etc. B
City & State ORLANDO, FL	City & State FL
Zip 32808 Country USA	Zip 32808 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DO, HOI VAN 1437 NORTH PINEHILLS ROAD ORLANDO FL 32808	
7. Name and Address of New Registered Agent Name DO, HOI VAN Street Address (P.O. Box Number is Not Acceptable) 1261 N. Pine Hills Rd Suite B City ORLANDO FL Zip Code 32808	

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 DATE 3-31-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DO, HOI VAN 3995 CANABY DRIVE OVIEDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DO, HOI VAN 3995 CARNABY DRIVE OVIEDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-31-2000 Daytime Phone # 407-291-1305

CR2E034 (9/99)