

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90226 007 ***158.75

DOCUMENT # L50817

1. Entity Name

HOI VAN DO, FAMILY PRACTICE, P.A.

Principal Place of Business

**1261 N PINE HILLS RD
B
ORLANDO FL 32808
US**

Mailing Address

**1261 N PINE HILLS RD
B
ORLANDO FL 32808
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0206499

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DO, HOI VAN
1261 N PINE HILLS RD
STE B
ORLANDO FL 32808**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **DO, HOI VAN**
STREET ADDRESS **3995 CANABY DRIVE**
CITY-ST-ZIP **OVIEDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DO, HOI VAN**
STREET ADDRESS **3995 CARNABY DRIVE**
CITY-ST-ZIP **OVIEDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2/02 407-291-1305

CR2E034 (4/02)

Attachment



HOI VAN DO, M.D.

1261 N. Pine Hills Rd.
Orlando, FL 32808

Tel: 407-291-1305; Fax: 407-291-8375



119094

L50817

Date: July 2, 2002

Florida Department of State
Division of Corporations

Re: 2002 Uniform Business Report (UBR)
Document # L50817

Dear Sir/Madam:

I would like to inform you that I have never received the 2002 Uniform Business Report form. I just called your Department to report it. Somebody told me to write this letter together with the report and \$158.75 fee.

I appreciate for your attention to my case.

Sincerely yours,

Hoi Van Do, M.D.