

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50817

FILED
Jan 23, 2006
Secretary of State

Entity Name: HOI VAN DO, FAMILY PRACTICE, P.A.

Current Principal Place of Business:

5026 SILVER STAR RD
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

2315 GOOD HOMES RD
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 65-0206499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DO, HOI VAN
2315 GOOD HOMES RD
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

DO, HOI VAN
2315 GOOD HOMES RD
ORLANDO, FL 32818 US

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: HOI VAN DO

01/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DO, HOI VAN
Address: 2315 GOOD HOMES RD
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: DO, HOI VAN
Address: 2315 GOOD HOMES RD
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HOI VAN DO

P

01/23/2006

Electronic Signature of Signing Officer or Director

Date