

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/2/2003-90185-026-\$158.75-\$158.75

DOCUMENT # L50817

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



FILED
03 OCT -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
5026 Silverstar Rd
Suite, Apt. #, etc.

3. Mailing Address
3995 CARNABY DR
Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
OVIEDO FL

Zip
32808

Country
ORANGE

Zip
32765

Country
SEMINOLE

6. Name and Address of Current Registered Agent
DO, HOI VAN
1261 N PINE HILLS RD
STE B
ORLANDO FL 32808

7. Name and Address of New Registered Agent
Name
DO, HOI VAN
Street Address (P.O. Box Number is Not Acceptable)
3995 CARNABY DR.
City
OVIEDO FL Zip Code
32765

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 DATE 8/25/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. 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 | 700023519417 10/02/03--01077--006 **391.25 |
| 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 | |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 8/25/03 407-291-1305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0106985 AV

CR2E034 (10/02)



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

*Send + mail
9/25/03*

September 4, 2003

HOI VAN DO, FAMILY PRACTICE, P.A.
3995 CARNABY DR
OVIEDO, FL 32765 US

Subject: HOI VAN DO, FAMILY PRACTICE, P.A.

Reference Number: L50817

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$391.25.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH
ANNUAL REPORTS SECTION

Rob 6327

Jan 32314

Annul Rep

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



Attachment
80142625
150817

HOI VAN DO, MD
5026 Silver Star Rd, Orlando, FL 32808
Tel: 407-291-1305; Fax 407-291-8375

August 26, 2003

Dear Sir/Madam:

Due to the change of office location and personels, all documents and papeers were misplaced. I found them recently. So I would like to ask you to give me favor from late charge.

Attached is the 2003 Uniform Business Report and a check of \$158.75.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Hoi Van Do'.

Hoi Van Do, MD