

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:54

DOCUMENT # **L85017** (6)

1. Corporation Name

MICHAEL Y. WU, M.D., P.A.

Principal Place of Business

**2460 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024**

Mailing Address

**2460 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/29/1990	3a. Date of Last Report 04/18/1994
4. FEI Number 65-0209207	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2476 N UNIVERSITY DR	26 2476 N UNIVERSITY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 PEMBROKE PINES, FL	28 PEMBROKE PINES
24 33024	29 33024
25 BRWARD	30 BRWARD

9. Name and Address of Current Registered Agent

**WU, MICHAEL Y.
2460 N UNIVERSITY DR
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2476 N UNIVERSITY DR
83 PEMBROKE PINES	
84 City	FL
85 Zip Code	33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and firm, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	WU, MICHAEL Y
STREET ADDRESS	2460 N UNIVERSITY DR
CITY ST ZIP	PEMBROKE PINES FL
TITLE	VTD
NAME	WU, CECILIA
STREET ADDRESS	2460 N UNIVERSITY DR
CITY ST ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	☐ Change ☐ Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	☐ Change ☐ Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	☐ Change ☐ Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	☐ Change ☐ Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	☐ Change ☐ Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (changed, or on an attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

M. Wu Ples

6/7/95 305-436-0068