

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Kathleen B. Munnell
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

05 MAY - 1 7 19 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M46790

(5)

1. Identification Number

KEVIN NG, M.D., P.A.

Principal Office Location

**% KEVIN NG
1880 N.E. 163 STREET #102
MIAMI FL 33162**

Main Office Address

**% KEVIN NG
1880 N.E. 163 STREET, #102
MIAMI FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created **02/18/1987** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2789450** 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 adopted the corporate governance principles of the Florida Statutes ☐ Yes ☒ No

2. Principal Office of Registrant

21. State App # ☐

22. City & State ☐

23. ☐

24. ☐

2a. Mailing Address

26. State App # ☐

27. City & State ☐

28. ☐

29. ☐

30. ☐

9. Name and Address of Current Registered Agent

**NG, KEVIN
1421 N. VENETIAN WAY
MIAMI FL 33139**

10. Name and Address of New Registered Agent

81. Name

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

83. ☐

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.001, 607.002, and 607.003, Florida Statutes, this 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 607.004, Florida Statutes.

SIGNATURE

Signature of person authorized to sign this report, agent, officer or director

Signature of new registered agent or registered agent in charge

Signature

12. OFFICERS AND DIRECTORS

NAME	D NG, KEVIN 1421 N. VENETIAN WAY MIAMI FL
OFFICE ADDRESS	
CITY & STATE	
NAME	D KEIRON NG 14621 BALGOWAN ROAD MIAMI, FL 33016
OFFICE ADDRESS	
CITY & STATE	
NAME	D GINA NG 1421 N. VENETIAN WAY MIAMI, FL 33139
OFFICE ADDRESS	
CITY & STATE	
NAME	
OFFICE ADDRESS	
CITY & STATE	
NAME	
OFFICE ADDRESS	
CITY & STATE	
NAME	
OFFICE ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	☐ Change ☐ Add
OFFICE ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Add
OFFICE ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Add
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CITY & STATE	
NAME	☐ Change ☐ Add
OFFICE ADDRESS	
CITY & STATE	
NAME	☐ Change ☐ Add
OFFICE ADDRESS	
CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that this statement complies with the provisions of the Florida Statutes. I further certify that the information made available in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my signature were made in the office of the Secretary of the corporation. This statement is filed in accordance with the report or reports filed by the corporation. I am familiar with and accept the obligations of Section 607.004, Florida Statutes. I am familiar with and accept the obligations of Section 607.004, Florida Statutes.

SIGNATURE:

Kevin Ng, M.D.
Kevin Ng, M.D.
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (305)-947-7719