2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000070209

1. Entity Name

TONY Y.T. CHEN, M.D., P.A.



FILED
Apr 19, 2007 08:00 A
Secretary of State

Principal Place of Business

1598 U.S. 27 NORTH AVON PARK, FL 33825 Mailing Address

1598 U.S. 27 NORTH AVON PARK, FL 33825



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-1126465 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required '

6. Name and Address of Current Registered Agent

ROBERT E. LIVINGSTON, P.A. 445 SOUTH COMMERCE AVE. SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

SEBRING,	FL 33870			IN THIS S	PACE*	
*						
		; ;				
8. The above	named entity submits this statement for the p	surpose of changing its registered	office or registered age	ant, or both, in the State of	Florida. I am familiar with, and	d accept
the obligat	ions of registered agent.	• •		4	•	
	·	•				
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered a	Agent signature required when re	nstating)	DATE	_
						
. FIL	E NOWIII FEE IS \$150.00	 Election Campaign Finance Trust Fund Contribution. 	ing \$5.00 M Added to F		•	
After Ma	ay 1, 2007 Fee will be \$550.00	Trust Fulla Contribution.	, LI Added to F	903		
10.	OFFICERS AND DIREC	CTORS	ที่ใ ส ร้องก็ครื่องก่อง	LOTATE MALPORT ALLERY	THE WAR SHOW WIN	al [# hill]
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12. I hereby o	ertify that the information supplied with this fi	ling does not qualify for the exen	nptions contained in Ch	apter 119, Florida Statutes	. I further certify that the infor	mation

12. Thereby certify that the information supplied with this failing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that not affine a 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 lepont 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SUMMIT OFFICER OR DIRECTOR

4 13 07

863.453.755

Daytime Phone ∉