


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90001 048 \*\*\*150.00

<b>DOCUMENT # P01000087941</b>	
1. Entity Name YU HO WONG M.D., P.A.	

Principal Place of Business 320 N CLYDE MORRIS BLVD SUITE A DAYTONA BEACH, FL 32114	Mailing Address 320 N CLYDE MORRIS BLVD SUITE A DAYTONA BEACH, FL 32114
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**50023153**



2. Principal Place of Business 557, HEALTH BLVD, STE 102 Suite, Apt. #, etc. DAYTONA BEACH, FLORIDA City & State 32114 VOLUSIA	3. Mailing Address 557, HEALTH BLVD, STE 102 Suite, Apt. #, etc. DAYTONA BEACH, FLORIDA City & State 32114 VOLUSIA
Zip 32114	Country VOLUSIA

07172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3742301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WONG, YU HO 41 CREEK BLUFF WAY ORMOND BEACH, FL 32174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WONG, YU HO 41 CREEK BLUFF WAY ORMOND BEACH, FL 32174 <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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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

12. I hereby certify that the information supplied with this filing 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 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:** \_\_\_\_\_ **7/26/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #