2007 FOR PROFIT CORPORATION

Jan 18, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P01000087941 YU HO WONG M.D., P.A. Principal Place of Business Mailing Address 557 HEALTH BLVD, STE 102 557 HEALTH BLVD. STE 102 DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 59-3742301 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WONG, YU HO DO NOT WRITE 41 CREEK BLUFF WAY ORMOND BEACH, FL 32174 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WONG, YU HO 41 CREEK BLUFF WAY STREET ADDRESS 1916-6-6-6-6-100000005918832-7-7-22-7-2 CITY-ST-ZIP ORMOND BEACH, FL 32174 01/19/07-80048-014 150.00 TITLE NAME STREET ADDRESS and the state of t CITY-ST-ZIP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CiTY+ST-7IP TITLE

ભારત માટે કે કહિલ છે. કે કુંગી જ મુખ અના તેલ કુંગા કહ્યું કરે કુંગા હતા. જો તે કે તમે તો માત્રી હો માત્રી મિક્ષા કુંગી કિંદા અને મોન્યા કુંગા કહ્યું કે હતા. તે કુંગા કહ્યું કે કહિલ કે જો તો કે તમે કે તમા કે તમે કે તમા અનિધી તે તેમ તે તમામી અને કુંગા કે હતા. તો મીતા લેક્સ તો તમામી કે તમા કહ્યું કહ્યું કહ્યું કહ્યું કે તમા તમે કહ્યું કહ્યું કે હતા. 12. I hereby certify that the information supplied with this filling 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

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NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

386-252-0501

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