

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044501

Entity Name: ARNOLD D FONG MD P.A.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

SOUTH BEACH FAMILY CARE
572 JACKSONVILLE DR
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

PO BOX 3224
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 36-4494892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONG, ARNOLD D
501 S MILL VIEW WAY
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FONG, ARNOLD D
Address: 501 S MILL VIEW WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: FONG, ARNOLD D
Address: 501 S MILL VIEW WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD D FONG

DR

04/24/2007

Electronic Signature of Signing Officer or Director

Date