

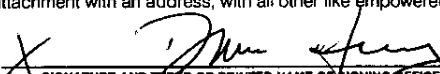


DOCUMENT # P03000011819				Secretary of State																																					
1. Entity Name DAVID H. HUANG, P.A.				03-08-2004 90037 030 ***150.00																																					
Principal Place of Business 5651 CORPORATE WAY WEST PALM BEACH, FL 33407		Mailing Address 5651 CORPORATE WAY WEST PALM BEACH, FL 33407		54015571																																					
2. Principal Place of Business		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004 Chg-P CR2E034 (10/03)																																					
City & State		City & State		4. FEI Number 02-0671901																																					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent HUANG, DAVID H 5651 CORPORATE WAY WEST PALM BEACH, FL 33407				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
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 _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																						
<table><tr><td><input type="checkbox"/></td><td>P HUANG, DAVID H 5651 CORPORATE WAY WEST PALM BEACH, FL 33407</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr></table>			<input type="checkbox"/>	P HUANG, DAVID H 5651 CORPORATE WAY WEST PALM BEACH, FL 33407	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<table><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr></table>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		3-4-04 561-689-0872																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																																							