2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000012318

1. Entity Name
YUNG Q. NGUYEN-SIDDIQI, M.D., P.A.



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

303 N PLANT AVE STE 1 PLANT CITY, FL 33563 · Mailing Address

303 N PLANT AVE STE 1 PLANT CITY, FL 33563



\$8.75 Additional

Fee Required

The state of the s				
DO NOT WRITE IN THIS SPACE	03162005	No Chg-P	CR2E034 (10/03)	
DO NOT WHITE IN THIS SPACE	4. FEI Number		Applied For	
	36-4523	129	Not Applicable	

6. Name and Address of Current Registered Agent

NGUYEN-SIDDIQI, YUNG Q 303 N PLANT AVE STE 1 PLANT CITY, FL 33563

SIGNATURE:

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

PLANT CITY, FL 33563			IN THIS SPACE				
	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	office or registered agent, or b	oth, in the State of Florida. I am	familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered A	Agent signature required when reinstalling)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be		eren er		
10.	OFFICERS AND DIREC	TORS		A Part of Common Co	रक्षा है। अध्यक्षकर <mark>ि उद्देशकृतक्षकः</mark> अभिनेतिकः		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			. ****:	U000003540 05/03/05-8003	15 0-016 150.00		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corchanged.	pertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empoweres or on an attachment with an address, with al	ing does not qualify for the exem and accurate and that my signatu to execute this report as require other like empowered.	ption stated in Section 119,07(re shall have the same legal eff d by Chapter 607, Florida State	3)(i), Florida Statutes. I further cer ect as if made under oath, that I ites; and that my name appears I	tify that the information am an officer or director in Block 10 or Block 11 if		

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR