

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90139 026 \*\*\*150.00

<b>DOCUMENT # P03000058125</b>	
1. Entity Name <b>PHYSICIANS OF CENTRAL FLORIDA, P.A.</b>	



Principal Place of Business <b>2627 LEGEND CT LEESBURG, FL 34748</b>	Mailing Address <b>PO BOX 297 TAVARES, FL 32778</b>
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40043300



2. Principal Place of Business <b>18550 U.S. Hwy 441</b>	3. Mailing Address
Suite, Apt. #, etc. <b>A</b>	Suite, Apt. #, etc.
City & State <b>MOUNT DORA, FL</b>	City & State
Zip <b>32757</b>	Country <b>USA</b>

01212006 Chg-P CR2E034 (11/05)

4. FEI Number <b>55-0836056</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LOWRY, ARCHIE O JR. 308 FIFTH AVE MT DORA, FL 32757</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CHANG, KHAI S 2627 LEGEND CT LEESBURG, FL 34748</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>18550 U.S. Hwy 441, Suite A MOUNT DORA FL 32757</b> <input checked="" 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
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
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:

*Chang Khai Sheng*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/06 352.735-3755