


FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90019 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000086518

1. Entity Name
JUAN R. CHOY, M.D.P.A.



Principal Place of Business Mailing Address
9495 SW 36TH STREET **9495 SW 36TH STREET**
MIAMI, FL 33165 **MIAMI, FL 33165**

14018894



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07062005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
56-2387596 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHOY, JUAN R
9495 SW 36TH STREET
MIAMI, FL 33165

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when retaining)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHOY, JUAN R | |
| STREET ADDRESS | 9495 SW 36TH STREET | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Juan R. Choy *[Signature]*

7/6/05 (305)8218292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 14018894

JUAN R. CHOY, M.D.P.A
9495 SW 36TH Street
Miami, FL 33165

July 6, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Juan r. Choy, M.D.P.A
FEIN# 56-2387596
Document # P03000086518

Dear Officer:

This letter is to request and to abate additional fees due to late filing. I didn't receive the postcard at the end of the year and was not aware of the due date for filing the Profit Corporation.

As a result, I am asking and requesting to have the corporation renewed. I am submitting the application with a payment of \$ 150.00 dollars for the calendar year 2005. Thank you in advance for your time and efforts being made to grant me my request.

If you should have any additional questions, please do not hesitate to contact me at the above mentioned address.

Sincerely,


Juan Choy
President