

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90258 041 ***150.00

DOCUMENT # P03000136505

1. Entity Name

RAUL V. CHAO, M.D. P.A.



Principal Place of Business

125 SW 27 RD
MIAMI FL 33139

Mailing Address

125 SW 27 RD
MIAMI FL 33139

2. Principal Place of Business

125 SW 27th RD

3. Mailing Address

125 SW 27 RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

20-0776953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAO, RAUL V
125 SW 27 RD
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name: RAUL V. CHAO

Street Address (P.O. Box Number is Not Acceptable)

125 SW 27th RD

City: Miami

FL

Zip Code

33129

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete
NAME CHAO, RAUL V
STREET ADDRESS 125 SW 27 RD
CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP. ☒ Change ☐ Addition
NAME CHAO, RAUL V.
STREET ADDRESS 125 SW 27th RD
CITY-ST-ZIP Miami FL 33129

TITLE V ☐ Change ☒ Addition
NAME LAURA A. Chao
STREET ADDRESS 125 SW 27 RD
CITY-ST-ZIP Miami FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

305-662-2925

Daytime Phone #