## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 18, 2007 08:00 AN Secretary of State

776 TA TO TIME TO TAX									
DOCUMENT # P04 1. Entity Name WEIWU PANG, MD, PA.	000096007								
Principal Place of Business 8257 VIA VIVALDI ORLANDO, FL 32836 US	Mailing Address 8257 VIA VIVALDI ORLANDO, FL 32836	US							



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEi Number Applied For 20-1281366 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 

CR2E034 (11/05)

Fee Required

No Chg-P

01122007

SUNG, FANGRONG 8257 VIA VIVALDI ORLANDO, FL 32836

## DO NOT WRITE IN THIS SPACE

Jan-13,200/

		And the state of t						
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 whon reinstating)  DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	ÓFFICERS AND DIREC	CTOR\$						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P/D PANG, WEIWU 8257 VIA VIVALDI ORLANDO, FL 32836				U00000591182			
TITLE NAME STREET ADDRESS CITY+ST-ZIP					01/19/07-80012-018 150.00			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		: 		IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>-</del>						
12. I hereby certify that the information supplied with this filling 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 a attachment with an address, with all other like empowered.								