

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000038269 1. Entity Name LARRY T. WONG, D.O., P.A.	
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Principal Place of Business 502 N MACARTHUR AVE STE C PANAMA CITY, FL 32401	Mailing Address PO BOX 16266 PANAMA CITY, FL 32406
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DO NOT WRITE IN THIS SPACE

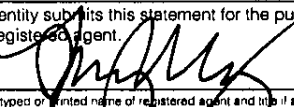


02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2477100	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

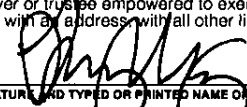
6. Name and Address of Current Registered Agent WONG, LARRY T 2900 TUPELO DRIVE PANAMA CITY, FL 32405

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: 3/31/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000876546 04/11/08-80078-003 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WONG, LARRY T 2900 TUPELO DRIVE PANAMA CITY, FL 32405
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 full other like empowered. SIGNATURE:  DATE: 3/31/08 DAYTIME PHONE: 850-215-1080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
