

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103532

Entity Name: NEAL DO, M.D., P.A.

FILED
May 10, 2006
Secretary of State

Current Principal Place of Business:

2901 PARKWAY BLVD SUITE B-11
KISSIMMEE, FL 34747

New Principal Place of Business:

2901 PARKWAY BLVD SUITE B-8
KISSIMMEE, FL 34747

Current Mailing Address:

2901 PARKWAY BLVD SUITE B-11
KISSIMMEE, FL 34747

New Mailing Address:

2901 PARKWAY BLVD SUITE B-8
KISSIMMEE, FL 34747

FEI Number: 20-3231562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NGUYEN, KIM
2901 PARKWAY BLVD SUITE B-11
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

NGUYEN, KIM
2901 PARKWAY BLVD SUITE B-8
KISSIMMEE, FL 34747 US

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.

SIGNATURE: KIM NGUYEN

05/10/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DO, NEAL
Address: 6843 LOCKWOOD BLVD APT 106
City-St-Zip: BOARDMAN, OH 44512

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DO, NEAL H M.D.
Address: 2901 PARKWAY BLVD., SUITE B-8
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Change (X) Addition
Name: PHAM, NATHAN T D.O.
Address: 2901 PARKWAY BLVD., SUITE B-8
City-St-Zip: KISSIMMEE, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL DO

D

05/10/2006

Electronic Signature of Signing Officer or Director

Date