2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2008
Secretary of State

DOCUMENT# P05000103532

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

Current Principal Place of Business:

2901 PARKWAY BLVD SUITE B-8
KISSIMMEE, FL 34747

New Principal Place of Business:

2901 PARKWAY BLVD.
SUITE B-2
KISSIMMEE, FL 34747

Current Mailing Address:

2901 PARKWAY BLVD SUITE B-8
KISSIMMEE, FL 34747

New Mailing Address:

2901 PARKWAY BLVD.
SUITE B-2
KISSIMMEE, FL 34747

FEI Number: 20-3231562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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 H M.D.
Address: 2901 PARKWAY BLVD., SUITE B-2
City-St-Zip: KISSIMMEE, FL 34747

Title: D ( ) Delete
Name: PHAM, NATHAN T D.O.
Address: 2901 PARKWAY BLVD., SUITE B-2
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: DO, NEAL H M.D.
Address: 2901 PARKWAY BLVD., SUITE B-2
City-St-Zip: KISSIMMEE, FL 34747

Title: DR. (X) Change ( ) Addition
Name: PHAM, NATHAN T D.O.
Address: 2901 PARKWAY BLVD., SUITE B-2
City-St-Zip: KISSIMMEE, FL 34747

I hereby certify that the information supplied with this filing does not qualify 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 DR. 08/30/2008

Electronic Signature of Signing Officer or Director — Date