

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000103532

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

**FILED**  
**Dec 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-3218436

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-8  
2901 PARKWAY BLVD, SUITE B-2  
KISSIMMEE, FL 34747 US

**Name and Address of New Registered Agent:**

NGUYEN, KIM  
2901 PARKWAY BLVD SUITE B-2  
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

12/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DR.  
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 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 all other like empowered.

SIGNATURE: NGHIA DO

DR.

12/09/2011

Electronic Signature of Signing Officer or Director

Date