## Feb 21, 2007 8:00 am 2007 FOR PROFIT CORPORATION Secretary of State **ANNUAL REPORT** DOCUMENT # P05000166202 02-21-2007 90025 029 \*\*\*150.00 1. Entity Name JIANN-JANG WU, B.M.D., M.S., P.A. Mailing Address Principal Place of Business 40022046 201 N LAKEMONT AVE SUITE 2400 201 N LAKEMONT AVE SUITE 2400 WINTER PARK, FL 32792 WINTER PARK, FL 32792 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3958652 20-3958352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required -6: Name and Address of Current Registered Agent DO NOT WRITE WU, B.M.D.,M.S., JIANN-JANG 201 N LAKEMONT AVE SUITE 2400 WINTER PARK, FL 32792 IN THIS SPACE 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. ed agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaion Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE WU, B.M.D., M.S., JIANN-JANG NAME STREET ADDRESS 201 N LAKEMONT AVE SUITE 2400 WINTER PARK, FL 32792 CITY-ST-7IP TITLE STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

FILED

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 withpan address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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LATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2707

407-647-4113