

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90184 006 ***150.00

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1. Entity Name
RUSSELL WONG, MD, PA



Principal Place of Business Mailing Address
829 GOLF ISLAND DRIVE 829 GOLF ISLAND DRIVE
APOLLO BEACH, FL 33572 US APOLLO BEACH, FL 33572 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
617 ISLE BAY DR 617 ISLE BAY DR

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
APOLLO BEACH, FL APOLLO BEACH, FL

Zip Country Zip Country
33572 USA 33572 USA

02272008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-4691565 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WONG, RUSSELL
829 GOLF ISLAND DRIVE
APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
617 ISLE BAY DR
City APOLLO BEACH FL Zip Code 33572

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: Russell Wong Pres 2/27/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE P, S ☐ Delete
NAME WONG, RUSSELL
STREET ADDRESS 829 GOLF ISLAND DRIVE
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 617 ISLE BAY DR
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: Russell Wong Pres 2/27/08 813-641-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #