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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000004469 (2)

1. Corporation Name
SANG HYOK CHOI, M.D., P.A.



Principal Place of Business: 3890 TAMPA ROAD #308 PALM HARBOR FL 34684 US
Mailing Address: 3890 TAMPA RD #308 PALM HARBOR FL 34684-3677 US

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-3150039
Applied For: Not Applicable

Suite, Apt. #, etc. (22)
City & State (23)

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

City & State (23)
Zip (24) Country (25)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes (checked) No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOI, SANG H MD
3890 TAMPA ROAD, #308
PALM HARBOR FL 34684

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Row 1: D, CHOI, SANG H MD, 3890 TAMPA ROAD, #308, PALM HARBOR FL.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. Rows 1-6 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] DATE: 1-21-97 DAYTIME PHONE #: 813-287-5577

CR2E034 (9/96)