2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P920000 YOK CHOI, M.D., P.A.	04469		Secretary or state
3890 TAMPI 202	ce of Business A ROAD OR, FL 34684 US	Mailing Address 3890 TAMPA ROAD 202 PALM HARBOR, FL	34684 US	
E	OO NOT WRIT			04202005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3150039 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
	NG H MD IPA ROAD, #202 RBOR, FL 34684	. <u>-</u>		DO NOT WRITE IN THIS SPACE
	tions of registered agent.		its registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept with med when renstating) GATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D CHOI, SANG H MD 3890 TAMPA RD., #202 PALM HARBOR, FL	ND DIRECTORS		U00000325450 04/23/05-80016-009 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-SY-ZIP			<u></u>	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· 4:4		
of the cor changed,	poration of the receivor of trustee er, or on an attachment with an address	npowered to execute this repo	ort as required by Chapter 60	Section 119.07(3)(i), Florica Statutes I further certify that the information le same legal effect as if made under oath; that I am an officer or director 807. Florida Statutes, and that my name appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB DISECTOR Date Daylore Phone B				