


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000004469  
 1. Entity Name  
 SANG HYOK CHOI, M.D., P.A.



Principal Place of Business 3890 TAMPA ROAD 202 PALM HARBOR, FL 34684 US	Mailing Address 3890 TAMPA ROAD 202 PALM HARBOR, FL 34684 US
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07112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3150039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CHOI, SANG H MD  
 3890 TAMPA ROAD, #202  
 PALM HARBOR, FL 34684

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE 07/16/07-80015-008 150.00

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOI, SANG H MD 3890 TAMPA RD., #202 PALM HARBOR, FL
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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: [Signature] President 7/12/07 787 787 5577  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #