

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90030 026 \*\*\*150.00

**DOCUMENT # P93000080442**

1. Entity Name  
**JAMES HO D.M.D., P.A.**



Principal Place of Business  
**430 WAYMONT COURT  
SUITE 110  
LAKE MARY, FL 32746 US**

Mailing Address  
**10267 COVE LAKE DR  
SAND LAKE COVE  
ORLANDO, FL 32836 US**

**40045301**



03072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3240381**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HO, JAMES Y  
10267 COVE LAKE DR  
SAND LAKE COVE  
ORLANDO, FL 32836**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **HO, JAMES Y**  
STREET ADDRESS **10267 COVE LAKE DRIVE SAND LAKE COVE**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **D** ☐ Change ☒ Addition  
NAME **HO, MICHAEL A.**  
STREET ADDRESS **10267 COVE LAKE DR**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **T** ☐ Delete  
NAME **HO, RACHAEL D**  
STREET ADDRESS **10267 COVE LAKE DRIVE**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **D** ☐ Change ☒ Addition  
NAME **HO, MICHELLE E.**  
STREET ADDRESS **10267 COVE LAKE DR**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #