

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000080442

Entity Name: JAMES HO D.M.D., P.A.

FILED
Mar 07, 2009
Secretary of State

Current Principal Place of Business:

430 WAYMONT COURT
SUITE 110
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

10267 COVE LAKE DR
SAND LAKE COVE
ORLANDO, FL 32836 US

New Mailing Address:

141 VIA CAPRI
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 59-3240381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HO, JAMES
10267 COVE LAKE DR
SAND LAKE COVE
ORLANDO, FL 32836 US

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.

SIGNATURE: JAMES HO

03/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HO, JAMES Y
Address: 10267 COVE LAKE DRIVE SAND LAKE COVE
City-St-Zip: ORLANDO, FL 32836

Title: T () Delete
Name: HO, RACHAEL D
Address: 10267 COVE LAKE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: HO, MICHAEL A
Address: 10267 COVE LAKE DR
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: HO, MICHELLE E
Address: 10267 COVE LAKE DR
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HO, JAMES Y
Address: 141 VIA CAPRI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: T (X) Change () Addition
Name: HO, RACHAEL D
Address: 141 VIA CAPRI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: D (X) Change () Addition
Name: HO, MICHAEL A
Address: 141 VIA CAPRI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: D (X) Change () Addition
Name: HO, MICHELLE E
Address: 141 VIA CAPRI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HO

D

03/07/2009

Electronic Signature of Signing Officer or Director

Date