

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



OFFICE OF THE SECRETARY OF STATE
SPECIAL SERVICES
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P95000064301 (1)

1. Corporation Name

RAPHAEL NG, M.D., P.A.



Principal Place of Business

16370 NW 8 DR
PEMBROKE PINES FL 33028

Main Address

16370 NW 8 DR
PEMBROKE PINES FL 33028

2. Principal Place of Business

2a. Main Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. County

29. County

9. Name and Address of Current Registered Agent

NG, RAPHAEL
16370 NW 8 DR
PEMBROKE PINES FL 33028

3. Date Incorporated or Created

08/21/1995

3a. Date of Last Report

4. FEI Number

65-0598984

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for integrative tax under S. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (If O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Section 609.01, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office
effective January 1, 1996, to the State of Florida. I, the undersigned, being duly authorized to do so, hereby accept the appointment as registered agent. I am
familiar with and agree to the provisions of the Florida Statutes relating to the duties of a registered agent.

SIGNATURE

12. NAME
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P
RAPHAEL NG MD PA
16370 NW 8 DR
PEMBROKE PINES FL 33028

400001762064
-03/29/96--01015--022
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

(305) 936-5371

CR2E034 (12/95)

3-28-1996
PJM