## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024187 (2)

DOUGLAS E. WONG, M.D., P.A.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				
101 SE MIZNER BLVD	101 SE MIZNER BLVD			
STE 10   STE 10   BOCA RATON FL 33432   BOCA RATON FL 33432			DO NOT WRITE IN THI	S SPACE
US	US		3. Date incorporated or Qualified	o di Albe
			03/18/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sittle Act # ata	26		65-0652548	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6. Election Campaign Financing	Fee Required
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zφ	Country	8. This corporation owes or has paid the o	
24   25		ю]	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
BRADFORD, JAMES N JR.		81 Name		
2100 WEST 76TH STREET SUITE 211		62 Street Addr	ess (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33016		83		
TIMEENITTE SOUTO				
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named cornoration submits this eletement for the purpose of cheeping its registrons.				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
Signature, typed or printed name of registered agen  12. OFFICERS AND		Registered Agent signature require		
TITLE D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
NAME WONG, DOUGLAS E		1.2 NAME	•	
STREET ADDRESS 101 SE MIZNER BLVD. STE 10	)	1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP		į
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME	•	
STREET ADDRESS		2.3 STREET ADDRESS	<b>↑</b>	ĺ
CITY-ST-ZIP TITLE	DELETE	2.4 CITY-ST-ZIP	Teper 10	Observe E Addition
NAME	Deter	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CiTY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		ļ
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS		5.2 NAME		
CITY-SI-ZIP		5.3 STREET ADDRESS		
TITLE	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	<del></del>	6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for or my mattachment with an another same legal effect as if made under oath; that I am an officer or director of the corporation or trustee in the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee in the same legal effect as if made under oath; that I am an officer or director of the corporation o

CICMATURE.

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