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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000028434 (4)

CHIKWONG NG, M.D. P.A. Principal Place of Business Mailing Address 7647 W. GULF IO TAKE HIGHWAY 7647 W. GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429-7929 CRYSTAL RIVER FL 34428 3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 923 N. CITRUS AVE 923 N. CITRUS AVE 59-3401731 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be CRYSTAL RIVER, FL CRYSTAL RIVER, Trust Fund Contribution Added to Fees 23 Country Country This corporation has liability for intangible tax under s. 199.032, 34428 24 34428 Florida Statutes Yes No 30 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent TITUS, CLAIRE **4 NE THIRD STREET** Street Address (P.O. Box Number is Not Acceptable) CRYSTAL RIVER FL 34429 83 **B4** Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. PRESIDENT/TREASURER | DELETE Change - Addition THLE 1.1 MILE V.P./SECRETARY NG, CHI-KWONG MD 1.2 NAME NG, LEE-SHIN NAME 7647 W. GULF TO LAKE HIGHWAY 923 N. CITRUS AVE STREET ADORESS 1.3 STREET ADDRESS **CRYSTAL RIVER FL 34428** 1.4 CITY - ST-ZIP 28 Change CRYSTAL RIVER. FL CHY-ST-ZiF Addition DELETE 21 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP €-14-51-ZIF DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-\$1-74\* DELETE 41 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City St - Zin 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE THILE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-76 Addition TITLE DELETE 6.1 TITLE Change 62 NAME NAME

**6.3 STREET ADDRESS** 

14. If do hereby 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

STREET ADORESS

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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3/6/37

(352)563-5767

Daytime Phone #

FILED

Mar 28 1997 8:00am

Secretary of State