

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028434

1. Entity Name

CHIKWONG NG, M.D. P.A.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90006 050 ***150.00

Principal Place of Business

923 N CITRUS AVE
CRYSTAL RIVER FL 34428
US

Mailing Address

923 N CITRUS AVE
CRYSTAL RIVER FL 34428
US

2. Principal Place of Business

905 N. CITRUS AVENUE

Suite, Apt. #, etc.

3. Mailing Address

905 N. CITRUS AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

4. FEI Number

59-3401731

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TITUS, CLAIRE
4 NE THIRD STREET
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME NG, CHI-KWONG MD
STREET ADDRESS 923 N CIRTRUS AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE VPS ☐ Delete
NAME NG, LEE-SHIN
STREET ADDRESS 923 N CITRUS AVE
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition
NAME NG, CHI-KWONG MD
STREET ADDRESS 905 N CITRUS AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE VPS ☒ Change ☐ Addition
NAME NG, LEE-SHIN
STREET ADDRESS 905 N CITRUS AVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

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

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

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

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

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chi Kwong NG CHI-KWONG NG, The president. 1/25/01 (352)563-5767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)