

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000028434

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** CHI-KWONG NG, M.D. P.A.

**Current Principal Place of Business:**

905 N CITRUS AVENUE  
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

905 N CITRUS AVENUE  
CRYSTAL RIVER, FL 34428 US

**New Mailing Address:**

**FEI Number:** 59-3401731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, BELINDA  
4 NE THIRD STREET  
CRYSTAL RIVER, FL 34429 US

**Name and Address of New Registered Agent:**

ENGLISH, RICHARD E CPA  
6947 W. PEKING CT.  
DUNNELLON, FL 34430 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: RICHARD E. ENGLISH

01/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: NG, CHI-KWONG MD  
Address: 905 N CITRUS AVE  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: VPS  
Name: NG, LEE-SHIN  
Address: 905 N CITRUS AVE  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

I hereby 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 all other like empowered.

SIGNATURE: CHI-KWONG NG

DPT

01/14/2011

Electronic Signature of Signing Officer or Director

Date