

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90024 021 ***150.00

DOCUMENT # P96000038134 1. Entity Name KHOI J. DOAN, D.D.S., P.A.																													
Principal Place of Business 2910 W WATERS AVE TAMPA, FL 33614			Mailing Address 2910 W WATERS AVE TAMPA, FL 33614																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3385586 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01142008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent DOAN, KHOI J 2801 W WATERS AVE SUITE A TAMPA, FL 33614			7. Name and Address of New Registered Agent Name DOAN, KHOI J. Street Address (P.O. Box Number is Not Acceptable) 2910 W. WATERS AVE City TAMPA FL Zip Code 33614																										
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE:  DATE 1/14/08 (813) 935-0822 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													