PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700016978

1. Corporation Name

PEDRO Y. CHAN, R. PH., DO, PA

LDIIO	i dian, ii i ii, bo, i a								
Principal Place of Business Mailing Address									
101 LAKE HAYES ROAD STE 101 101 LAKE HAYES ROAD STE 1 OVIEDO FL 32765			AD STE 101			DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualifed			
						02/19/1997			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
_		26				59-3426300	N	ot Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	T	Additional lequired	
22	<u> </u>	City & State				6. Election Campaign Financing	\$5.00	May Be	
City & State	<del>.</del>	28				Trust Fund Contribution		to Fees	
Zip	Country ,	Zip	Cou	intry		8. This corporation owes the current year In		_ \	
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent		L.		10. Name and Address of New Registered	I Agent		
		<del> </del>		81	Name			j	
CHAN, PEDRO Y				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
101 LAKE HAYES ROAD STE 101 OVIEDO FL 32765				83	<del></del>				
02									
				84	City	F	L   85   Zip	Code	
office or re agent. I as	egistered agent, or both, in the State on familiar with, and accept the obligat	or Florida, Such change violes of, Section 607.0505	i, Florida Stal	tutes.	ine corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it pintment as r	s registered egistered	
JOHATORE	Signature, typed or printed name of registered agent			Agent	signature require	d when reinstating) DATE	ND DIDECT	ODS IN 12	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	r		ITLE						
NAME	CITAL, I EDITO I		1.2 N	AME				Ì	
STREET ADDRESS	101 LAKE HAYES ROAD STE 1	01	1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	OVIEDO FL 32765 14		1.4 0	ITY-ST	ZIP				
TITLE	☐ DELETE 2.1°		ITLE			Change	Addition		
NAME			2.2 N	AME				}	
STREET ADDRESS	<b>.</b>			2.3 STREET ADDRESS					
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TITLE		₹_1 NETE						-	
NAME	<u>'</u>			NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP				TY-ST	Γ-ZiP		Change	Addition	
TITLE		☐ DELE					□ change	, Magniout	
NAME				IAME					
STREET ADDRESS					ADDRESS			ነ	
000 07 70			5.4 0	CITY-ST	r-ZIP				

14. 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 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 director of the corporation or director of th

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

3/29/99 (407) 365-9

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90038 003 \*\*\*150.00

Daytime Phone #

Change

(R2E034 (11/98)

Addition