2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P98000008425

Entity Name: RAPHAEL NG., M.D., P.A.

Current Principal Place of Business:

1 FARRADAY LANE,STE.1A
PALM COAST, FL 32137

New Principal Place of Business:

1690 US 1 SOUTH
SUITE D
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

RAPHAEL NG., M.D., P.A.
PO BOX 3320
SAINT AUGUSTINE, FL 32085

New Mailing Address:

RAPHAEL NG., M.D., P.A.
PO BOX 3320
SAINT AUGUSTINE, FL 32085 US

FEI Number: 65-0598984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NG, RAPHAEL M.D.
1 FARRADAY LANE,STE.1A
PALM COAST, FL 32137

Name and Address of New Registered Agent:

NG, RAPHAEL M.D.
1690 US 1 SOUTH
SUITE D
ST AUGUSTINE, FL 32084 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: RAPHAEL NG, M.D. 01/08/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NG, RAPHAEL
Address: 1 FARRADAY LANE,STE.1A
City-St-Zip: PALM COAST, FL 32137

Title: MD (X) Delete
Name: NG, RAPHAEL
Address: 1690 US-1 SOUTH, SUITE D
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: NG, RAPHAEL
Address: 1690 US 1 SOUTH SUITE D
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RAPHAEL NG, M.D. OFFI 01/08/2004
Electronic Signature of Signing Officer or Director Date