

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000014935

Entity Name: ERIC L.S. LO, M.D., P.A.

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

501 LIVE OAK ST.  
STE C  
NEW SMYRNA BEACH, FL 32168

## **Current Mailing Address:**

2439 SWORDFISH LANE  
EDGEWATER, FL 321417504

## **New Principal Place of Business:**

161 N CAUSEWAY  
STE C  
NEW SMYRNA BEACH, FL 32169

## **New Mailing Address:**

161 N CAUSEWAY  
STE. C  
NEW SMYRNA BEACH, FL 32169

FEI Number: 91-1896241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GORNT0, L A JR  
444 SEABREEZE BLVD  
SUITE 200  
DAYTONA BEACH, FL 32118 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: WANG, HUIJIAN J MD  
Address: 161 N CAUSEWAY, STE C  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: HUIJIAN J. WANG

MD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date