2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000060739

K. FREDERICK HO, M.D., P.A.



FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

8040 N. WICKHAM ROAD MELBOURNE, FL 32940 Mailing Address

5585 WILLOUGHBY DRIVE MELBOURNE, FL 32934



DO NOT WRITE IN THIS SPACE

No Cha-P CR2E034 (11/05) 03252008

4. FEI Number Applied For 59-3523014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

HO, FREDERICK K MD 5585 WILLOUGHBY DRIVE MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE

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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U000000912038 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/07/08-80063-025 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 DO NOT WRITE 10. OFFICERS AND DIRECTORS TITLE . HO, K, FREDERICK MD NAME STREET ADDRESS 5585 WILLOUGHBY DRIVE CITY-ST-ZIP MELBOURNE, FL 32934 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP The state of the s

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> . , . SIGNATURE AND TYPED OR NAME OF SIGNING OFFICEP OR DIRECTOR