

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90277 038 ***150.00

DOCUMENT #

559784

1. Entity Name

THU GIA NGUYEN M.D., P.A.

Principal Place of Business

Mailing Address

4108 BLANDING BLVD
 JACKSONVILLE, FL 32210
 US

4108 BLANDING BLVD
 JACKSONVILLE, FL 32210

2. Principal Place of Business

3. Mailing Address

4108 BLANDING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 JACKSONVILLE, FL

4. FEI Number

59-2765939

Applied For

Not Applicable

Zip

Country

Zip

Country

32210-5419

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

768413

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, VEO B.
 2000 WELLS ROAD
 SUITE 4
 ORANGE PARK, FL 32073

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVP
 NGUYEN, THU GIA
 7121 FIRE FLY DR
 JACKSONVILLE FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 MYLAN T.N. NGUYEN
 17036 WINNERS CIRCLE
 ODESSA, FL 33556 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 NGUYEN, THU GIA
 7121 FIRE FLY DR
 JACKSONVILLE, FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

(813) 920-1051

Daytime Phone #

CR2E034 (11/00)