

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90150 026 ***150.00

DOCUMENT # J59784

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4108 BLANDING BLVD

3. Mailing Address

781 VILLAGE LAKE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101B

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-2765939

Applied For

Not Applicable

Zip

32210

Country

US

Zip

33716

Country

US

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

HILL, LEO B.

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

2000 WELLS ROAD

SUITE 4

City

ORANGE PARK

FL

Zip Code

32073

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE	P
NAME	MYLAN T.N. NGUYEN
STREET ADDRESS	781 VILLAGE LAKE TERRACE SUITE
CITY-ST-ZIP	ST. PETE, FL. 33716 101B

TITLE	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYLAN NGUYEN

4/26/02

Date

(813) 792-5838

Daytime Phone #

CR2E034B (12/01)