

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 9:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # K01163 (0)

1. Corporation Name:
TANG VAN NGUYEN, M.D., P.A.

2. Principal Office Address:
824N MILLS AVE
B
ORLANDO FL 32803

3. Mailing Address:
429 W VING ST
B
ORLANDO FL 32803
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/05/1987** 3a. Date of Last Report: **04/21/1994**

4. FEI Number: **59-2733974** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Federal Corporate Income Tax / Trust Funds Contributions: **\$5.00 May Be Added to Fees**

7. This corporation has liability for franchise tax under Florida Statutes: Yes No

21. Date of Report: **04/21/1994**

22. City & State: **ORLANDO, FL**

23. Type of Report: **Annual Report**

24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent:
TANG V. NGUYEN
~~621 N MILLS AVE ORLANDO FL 32803~~
429 W VING ST
KISSIMMEE, FL 34741

10. Name and Address of New Registered Agent:

81. Name: _____

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

83. _____

84. City: _____ FL 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this above-named corporation submits this statement for the purpose of changing its registered office and registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

Signature: *Tang Van Nguyen* Date: _____

12. OFFICERS AND DIRECTORS

12.1 NAME	D NGUYEN, TANG VAN MD	429 W VING ST
12.2 STREET ADDRESS	621 N MILLS AVE	ORLANDO FL 32803
12.3 CITY AND STATE	KISSIMMEE, FL	34741
12.4 NAME		
12.5 STREET ADDRESS		
12.6 CITY AND STATE		
12.7 NAME		
12.8 STREET ADDRESS		
12.9 CITY AND STATE		
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY AND STATE		
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY AND STATE		

13. ADDITIONAL CHANGES TO LISTED OFFICERS AND DIRECTORS:

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is a true and correct copy of the information stated in Section 607.02(3)(a), Florida Statutes, and that the information is true and correct and that the corporation shall begin the current reporting period as of the date of this filing. I am a director of this corporation and the results of this report prepared to provide this report as required by Chapter 607, Florida Statutes, and that the results of this report are true and correct and that the results are true and correct.

SIGNATURE: *Tang Van Nguyen*
SIGNATURE AND TYPED NAME OF BOARD OFFICER OR DIRECTOR

(407) 846-2001