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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:12

DOCUMENT # **N30906** **(4)**

1. Corporation Name

THE VIETNAMESE ASSOCIATION OF PHYSICIANS, DENTIS TS AND PHARMACISTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1329 LANE AVE S. #1 JACKSONVILLE FL 32205 US	1329 LANE AVE S. #1 JACKSONVILLE FL 32205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2976607 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOANG, CAM M.D. 13291-1 LANE AVE S. JACKSONVILLE FL 32205	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, the above-named corporation submits this statement for the purpose of changing its registered office or 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: Cam Hoang — March 20, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☐ Change ☐ Addition
NAME	HOANG, CAM M	12 NAME	HOANG, CAM , MD	
STREET ADDRESS	1329-1 LANE AVE S.	13 STREET ADDRESS	1329 LANE AVE. S #1.	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	21 TITLE	D	☒ Change ☐ Addition
NAME	LAM, LY-C M	22 NAME	HOANG, DUY LONG, MD	
STREET ADDRESS	3945 NW 35TH PL	23 STREET ADDRESS	4232 N.W. 51st DR	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VP	31 TITLE	D	☐ Change ☐ Addition
NAME	HOANG, TRANG DDS	32 NAME	HOANG, TRANG DDS	
STREET ADDRESS	697 79TH CIRCLE S.	33 STREET ADDRESS	697 79TH CIRCLE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	VP	41 TITLE	VP	☒ Change ☐ Addition
NAME	NGUYEN, CON R	42 NAME	NGUYEN, CON, RPH	
STREET ADDRESS	7706 SW 6TH PL	43 STREET ADDRESS	7706 SW 6TH PL	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	GAINESVILLE FL32607	
TITLE	T	51 TITLE	T	☒ Change ☐ Addition
NAME	NGUYEN, KHANH R	52 NAME	VU, N. LIEN HUONG, RPH	
STREET ADDRESS	4232 NW 51 ST DR.	53 STREET ADDRESS	4214 N.W. 66TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	GS	61 TITLE	GS	☒ Change ☐ Addition
NAME	NGUYEN, THO M	62 NAME	NGUYEN, M. HUNG, MD	
STREET ADDRESS	1124 DUNN AVE.	63 STREET ADDRESS	8221 LOST LAKE DR	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	ORLANDO FL 32817	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cam Hoang — CAM HUANG — March 20, 1995 — (904) 786-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024920