FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **02/28/1989**

3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **59-2976607** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

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

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

HOANG, CAM M.D.
13291-1 LANE AVE S.
JACKSONVILLE FL 32205

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOANG, CAM M		1.2 NAME	
STREET ADDRESS	1329-1 LANE AVE S.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOANG, DUY LONG MD		2.2 NAME	
STREET ADDRESS	4232 NW 51ST DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOANG, TRANG DDS		3.2 NAME	
STREET ADDRESS	697 79TH CIRCLE S.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NGUYEN, CON RPH		4.2 NAME	
STREET ADDRESS	7706 SW 6TH PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VU, N LIEN HUONG R		5.2 NAME	
STREET ADDRESS	4214 NW 66TH TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	
TITLE	GS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NGUYEN, M HUNG MD		6.2 NAME	
STREET ADDRESS	8221 LOST LAKE DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

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)(k), 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: Huong Nguyen Vu — Feb-12-96 — (904) 781-4103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HUONG LIEN NGUYEN VU

CR2E037 (12/95)