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NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32205-6839 US

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 02/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

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

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

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: THAI, THANH, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 3965 CYPRESS LANDING W
83
84 City: WINTER HAVEN FL 85 Zip Code: 33884

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: Thanh Thai — 2-16-1997
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOANG, CAM M 1329-1 LANE AVE S. JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition D THAI, THANH ,M.D. 3965 Cypress Landing W,Winter Haven FL 33884
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOANG, DUY LONG MD 4232 NW 51ST DR GAINESVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D VU,TRONG HUNG, M.D. 4214 NW 66th TER GAINESVILLE FL 32606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOANG, TRANG DDS 697 79TH CIRCLE S. ST. PETERSBURG FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition D PHI, HONG OAI, DDS 6035 NW 100 WAY PARLAND, FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NGUYEN, CON RPH 7706 SW 6TH PL GAINESVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VU, N LIEN HUONG R 4214 NW 66TH TERRACE GAINESVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition T DUONG, HOANG ANH, M.D 3746 S.W. 5th Place GAINESVILLE, FL. 32607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GS NGUYEN, M HUNG MD 8221 LOST LAKE DR JACKSONVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition GS TRAN, CHINH TRUC,M.D. 1117 N. Pine Hills Orlando, FL 32808

CR2E037 (9/96)

14. I do 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 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: SIGNATURE DATE REQUIRED Thanh Thai 2/16/97 (407)870-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0004631