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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 3965 Cypress Landing	26 3965 Cypress Landing
Suite, Apt. #, etc. 22 West.	Suite, Apt. #, etc. 27 West.
City & State 23 Winter Haven, FL	City & State 28 Winter Haven, FL
Zip 24 33884 Country 25 USA	Zip 29 33884 Country 30 USA

9. Name and Address of Current Registered Agent

THAI, THANH M
3965 CYPRESS LANDING W.
WINTER HAVEN FL 33884

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THAI, THANH M		1.2 NAME		
STREET ADDRESS	3695 CYPRESS LANDING W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VU, TRONG HUNG M		2.2 NAME		
STREET ADDRESS	4214 N.W. 66TH TER		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PHI, HONG OAI D		3.2 NAME		
STREET ADDRESS	6035 NW 100 WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PARLAND 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	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUONG, HOANG ANH M		5.2 NAME		
STREET ADDRESS	3746 S.W. 5TH PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	GS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TRAN, CHINH TRUC M		6.2 NAME		
STREET ADDRESS	1117 N. PINE HILLS		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Thanh Thai M.D. THANH THAI M.D 1/26/98 (941) 324-2562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0004496