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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30906**

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

318994 - 90038 - 38

Principal Place of Business	Mailing Address
3965 CPYRESS LANDING WEST WINTER HAVEN FL 33884 US	3965 CPYRESS LANDING WEST WITNER HAVEN FL 33884 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1117 N. PINE HILLS	26 1117 N. PINE HILLS	02/28/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2976607 ☐ Applied For ☐ Not Applicable
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 32808 25 USA	Zip / Country 29 32808 30 USA	6. Election Campaign Financing Trust Fund Contribution ☒ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THAI, THANH M 3965 CYPRESS LANDING W. WINTER HAVEN FL 33884	81 Name: TRUC CHINH TRAN, M.D. 82 Street Address (P.O. Box Number Is Not Acceptable): 1117 N. PINE HILLS 83 84 City: ORLANDO FL 85 Zip Code: 32808

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: [signature] MD TRUC C. TRAN 407-297-0805 04.05.99
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 THAI, THANH M 3695 CYPRESS LANDING W. WINTER HAVEN FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D TRUC C TRAN 1117 N. PINE HILLS ORLANDO, FL 32808	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VU, TRONG HUNG M 4214 N.W. 66TH TER GAINESVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~VP~~ D MACH HUNG P. 3529 NW 42nd Terrace Gainesville, FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHI, HONG OAI D 6035 NW 100 WAY PARLAND FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	~~VP~~ D -DUONG, MINH B. 2438 BEND AVE CLEARWATER, FL 33759	☒ Change ☐ Addition
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	VP PHI, DAI H. 6035 NW 100 way PARKLAND, FL 33076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUONG, HOANG ANH M 3746 S.W. 5TH PLACE GAINESVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD DUONG, ANH H. 5115 NW 47th LANE GAINESVILLE, FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GS TRAN, CHINH TRUC M 1117 N. PINE HILLS ORLANDO FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	GS TRINH, THANG Q 706 Willow Run Lakeland, FL 33813	☒ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED TRUC C. TRAN 01.18.99 407-297-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #