# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30906

1. Entity Name

THE VIETNAMESE ASSOCIATION OF PHYSICIANS, DENTIST,

**FILED**
**Jan 20, 2000 8:00 am**
**Secretary of State**
01-20-2000 90105 027 ****70.00

| Principal Place of Business | Mailing Address |
|---|---|
| 1117 PINE HILLS<br>ORLANDO FL 33884<br>US | 1117 PINE HILLS<br>ORLANDO FL 32808-7125<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TRUC, CHINH T MD<br>1117 N. PINE HILLS<br>ORLANDO FL 32808 | Name: TRUC C. TRAN , M.D.<br>Street Address (P.O. Box Number is Not Acceptable): 1117 Pine Hills<br>City: Orlando **FL** Zip Code: 32808 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
Note: This is only the Registered Agent's name correction. It's nota new agent.

SIGNATURE _____ 01.06.2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TRAN, TRUC C<br>1117 N. PINE HILLS<br>ORLANDO FL 32808 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HUNG, MACH P<br>3529 10W 42ND TERR.<br>GAINESVILLE FL 32606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>MACH , HUNG P<br>3529 NW 42nd Terrace<br>GAINESVILLE , FL 32606<br>correction |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DUONG, MINH B<br>1438 BEND AVE<br>CLEARWATER FL 33759 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>DUONG , MINH B<br>2438 Bond Ave.<br>CLEARWATER, FL 33759<br>correction |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DAI, PHI N<br>6035 NW 100 WAY<br>PARKWAY FL 33076 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>PHI , OAI H.<br>6035 NW 100 Way<br>PARKLAND , FL 33076 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DUONG, ANN H<br>5115 NW 47TH LANE<br>GAINESVILLE FL 32606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GS<br>THANG, TRIN H<br>706 WILLOW RUN<br>LAKELAND FL 33813 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>TRINH , THANG<br>1911 Morgans Mill Cir.<br>Orlando, FL 32825<br>correction |

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 01.06.2000 407-297-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #