

7/18/2002-90128-026-\$70.00-\$70.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N30906**

1. Entity Name

THE VIETNAMESE ASSOCIATION OF PHYSICIANS, DENTISTS AND PHARMACISTS OF FLORIDA, INC.

Principal Place of Business

1261 N PINE HILLS RD
ORLANDO FL 32808
US

Mailing Address

1261 N PINE HILLS RD
ORLANDO FL 32808
US

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

59-2976807

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DO, HOL VAN
1261 N. PINE HILLS RD.
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DO, HOL	1261 N PINE HILLS RD	ORLANDO FL 32808
T	HOANG, LONG	2436 NW 47TH LANE	GAINESVILLE FL 32605
V	PHU, OAI H	6035 NW 100 WAY	PARKWAY FL 32078
TD	DUONG, ANN H	5115 NW 47TH LANE	GAINESVILLE FL 32608
GS	TRINH, THANG	1911 MORGANS MILL CIR	ORLANDO FL 32825

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	CAO, PHUONG	11997 Collins Creek Dr	Jacksonville, FL 32258
VP	TRAN, TUNG	1132 E. Tuskill Apt.	Winter Springs, FL 32708
TD	TRAN, MINH	9205 Telfer Run,	Orlando, FL 32817

2. 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

SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR

7/12/02

Daytime Phone

FILED

02 OCT 28 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)