2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30906

FILED Jul 01, 2004 Secretary of State

Entity Name: THE VIETNAMESE ASSOCIATION OF PHYSICIANS, DENTISTS AND PHARMACISTS OF FLORIDA,

INC

Current Principal Place of Business: New Principal Place of Business:

11997 COLLINS DREEK DR. JACKSONVILLE, FL 32258 US

Current Mailing Address: New Mailing Address:

11997 COLLINS DREEK DR. JACKSONVILLE, FL 32258 US

FEI Number: 59-2976607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DO, HOL VAN

1261 N. PINE HILLS RD.

ORLANDO, FL 32808 US

CAO, PHUONG T MD

11997 COLLINS CREEK DR.

JACKSONVILLE, FL 32258 US

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.

SIGNATURE: TAN PHUONG CAO 07/01/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CAO, PHUONG
 Name:
 CAO, PHUONG T MD

 Address:
 11997 COLLINS CREEK DR
 Address:
 11997 COLLINS CREEK DR

Address: 11997 COLLINS CREEK DR Address: 11997 COLLINS CREEK DR

City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VD () Delete Title: VD (X) Change () Addition Name: TRAN, TUNG NAME: TRAN, TUNG M MD

 Name:
 TRAN, TUNG
 Name:
 TRAN, TUNG M MD

 Address:
 1132 E. TUSKANILA DR.
 Address:
 1132 E. TUSKAWILLA PT.

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 WINTER SPRINGS, FL 32708 US

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 TRAN, THANG
 Name:
 TRAN, NHUNG T MD

 Address:
 9025 TELFER RUN
 Address:
 9025 TELFER RUN

 City-St-Zip:
 ORLANDO, FL 32817
 City-St-Zip:
 ORLANDO, FL 32817 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAN PHUONG CAO MD 07/01/2004