2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N30906

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

Current Principal Place of Business:

11997 COLLINS DREEK DR.
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

11997 COLLINS CREEK DR.
JACKSONVILLE, FL 32258 US

Current Mailing Address:

11997 COLLINS DREEK DR.
JACKSONVILLE, FL 32258 US

New Mailing Address:

11997 COLLINS CREEK 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:

CAO, PHUONG T MD
11997 COLLINS CREEK DR.
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAO, PHUONG T MD
Address: 11997 COLLINS CREEK DR
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VD ( ) Delete
Name: TRAN, TUNG M MD
Address: 1132 E. TUSKAWILLA PT.
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TD ( ) Delete
Name: TRAN, NHUNG T MD
Address: 9025 TELFER RUN
City-St-Zip: ORLANDO, FL 32817 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CAO, PHUONG T MD
Address: 11997 COLLINS CREEK DR
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VICE (X) Change ( ) Addition
Name: TRAN, TUNG M MD
Address: 1132 E. TUSKAWILLA PT.
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TREA (X) Change ( ) Addition
Name: TRAN, NHUNG T MD
Address: 9025 TELFER RUN
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: CAOTANPHUONG MD 04/06/2005

Electronic Signature of Signing Officer or Director — Date