

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90014 003 \*\*\*\*61.25

**DOCUMENT # N30906**

1. Entity Name

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



Principal Place of Business

**11997 COLLINS CREEK DR.  
JACKSONVILLE FL 32258  
US**

Mailing Address

**11997 COLLINS CREEK DR.  
JACKSONVILLE FL 32258  
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

Name **NGUYEN-TUONG, Phi-Yen MD**

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

**6092 SABAL BROOK WAY**

City **PORT ORANGE** FL Zip Code **32128**

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

*Phi-Yen NGUYEN-TUONG MD*

**3-30-07**

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  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☒ Delete  
NAME **CAO, PHUONG T MD**  
STREET ADDRESS **11997 COLLINS CREEK DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **VICE** ☒ Delete  
NAME **TRAN, TUNG M MD**  
STREET ADDRESS **1132 E. TUSKAWILLA PT.**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **TREA** ☒ Delete  
NAME **TRAN, NHUNG T MD**  
STREET ADDRESS **9025 TELFER RUN**  
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME **NGUYEN-TUONG, PHI-YEN MD**  
STREET ADDRESS **6092 SABAL BROOK WAY**  
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **NGUYEN, HUNG M MD**  
STREET ADDRESS **8221 LOST LAKE DR,**  
CITY-ST-ZIP **ORLANDO, FL 32817-1533**

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **HOANG, NHAN T DDS**  
STREET ADDRESS **1634 SPRING BRANCH DR. W**  
CITY-ST-ZIP **JACKSONVILLE FL 32221-7651**

TITLE **GENERAL SECRETARY** ☐ Change ☒ Addition  
NAME **DUONG, THAI DDS**  
STREET ADDRESS **872 Belhaven DR.**  
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Phi-Yen NGUYEN-TUONG MD*

**3-30-07 386 304-3076**