

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30906

FILED  
Mar 26, 2008  
Secretary of State

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

**Current Principal Place of Business:**

11997 COLLINS CREEK DR.  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

6092 SABAL BROOK WAY  
PORT ORANGE, FL 32128 US

**Current Mailing Address:**

11997 COLLINS CREEK DR.  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

6092 SABAL BROOK WAY  
PORT ORANGE, FL 32128 US

**FEI Number:** 59-2976607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NGUYEN-TUONG, PHI YEN MD  
6092 SABAL BROOK WAY  
PORT ORANGE, FL 32128 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: PRES ( ) Delete  
Name: NGUYEN-TUONG, PHI YEN MD  
Address: 6092 SABAL BROOK WAY  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VICE ( ) Delete  
Name: NGUYEN, HUNG M MD  
Address: 8221 LOST LAKE DR  
City-St-Zip: ORLANDO, FL 32817 US

Title: TREA ( ) Delete  
Name: HOANG, NHAN T DDS  
Address: 1634 SPRING BRANCH DR W  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: S ( ) Delete  
Name: DUONG, THAI DDS  
Address: 872 BELHAVEN DR  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHI-YEN NGUYEN-TUONG,MD

PRES

03/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date