2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N30906

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

Current Principal Place of Business:

6092 SABAL BROOK WAY
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

6092 SABAL BROOK WAY
PORT ORANGE, FL 32128 US

New Mailing Address:

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

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: PHIYEN NGUYEN TUONG PRES 02/23/2009
Electronic Signature of Signing Officer or Director — Date