2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30906

FILED Jan 07, 2010 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:

6092 SABAL BROOK WAY 2918 17TH ST

PORT ORANGE, FL 32128 US ST CLOUD, FL 34769 US

Current Mailing Address: New Mailing Address:

6092 SABAL BROOK WAY 2918 17TH ST

PORT ORANGE, FL 32128 US ST CLOUD, FL 34769 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:

NGUYEN-TUONG, PHI YEN MD
6092 SABAL BROOK WAY
PORT ORANGE, FL 32128 US

NGUYEN, HANSON V MD
2918 17TH ST
ST CLOUD, FL 34769 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: HANSON NGUYEN 01/07/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PRES

Name: NGUYEN, HANSON V MD

Address: 2918 17TH ST

City-St-Zip: ST CLOUD, FL 34769 US

Title: VICE

 Name:
 NGUYEN, MYHANH T MD

 Address:
 100 S. EOLA DRIVE UNIT 914

 City-St-Zip:
 ORLANDO, FL 32801 US

Title: TREA

Name: NGUYEN, LY T MD

Address: 4691 OLD CANOE CREEK ROAD City-St-Zip: SAINT CLOUD, FL 34769 US

Title: SEC

Name: HO, THANH T PHARMD

Address: 605 S. MIRMAMAR AVE UNIT 3202

City-St-Zip: INDIALANTIC, FL 32903

I hereby 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 all other like empowered.

SIGNATURE: HANSON NGUYEN PRES 01/07/2010