## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N30906

Jan 15, 2011 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:

2918 17TH ST 3253 WHOOPING CRANE RUN

ST CLOUD, FL 34769 US KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

 2918 17TH ST
 3253 WHOOPING CRANE RUN

 ST CLOUD, FL 34769
 US
 KISSIMMEE, FL 34741
 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, HANSON V MD

2918 17TH ST

ST CLOUD, FL 34769 US

TRINH, NICHOLAS Q MD
3253 WHOOPING CRANE RUN
KISSIMMEE, FL 34741 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: NICHOLAS TRINH 01/15/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: TRINH, NICHOLAS Q MD Address: 3253 WHOOPING CRANE RUN City-St-Zip: KISSIMMEE, FL 34741 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: DO, KIMBERLI PHARM.D Address: 2250 BEDFORD RD City-St-Zip: ORLANDO, FL 32803

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: NICHOLAS TRINH PRES 01/15/2011