

N30906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

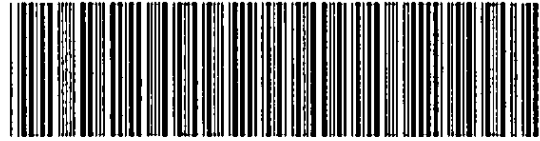
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300399788683

01/09/23--01022--012 **43.75

FILED

2023 JAN -9 PM 3:22

CLERK OF STATE
TALLAHASSEE, FL

Amend/Name Change

MAR 22 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE VIETNAMESE ASSOCIATION OF PHYSICIANS, DENTISTS
AND PHARMACISTS OF FLORIDA, INC.

DOCUMENT NUMBER: W30906

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHLYN TRAN
(Name of Contact Person)

THE VIETNAMESE ASSOCIATION OF PHYSICIANS, DENTISTS AND PHARMACISTS
(Firm/ Company) OF FLORIDA, INC.

322 LARGOVISTA DR.
(Address)

OAKLAND, FLORIDA 34757
(City/ State and Zip Code)

KATHLYN 2017 @ YAHOO. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHLYN TRAN at (661) 472-7131
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JAN -9 PM 3:22
STATE
DIVISION OF
CORPORATIONS
FL

FILED

Articles of Amendment
to
Articles of Incorporation
of

THE VIETNAMESE ASSOCIATION OF PHYSICIANS, DENTISTS AND PHARMACISTS
(Name of Corporation as currently filed with the Florida Dept. of State) OF FLORIDA INC.

N30906

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

VIETNAMESE AMERICAN MEDICAL PROFESSIONALS INC. *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

322 LARGO VISTA DR
OAKLAND, FL 34787

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

322 LARGO VISTA DR.
OAKLAND, FL 34787

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

2023 JAN -9 PM 3:22
SECRETARY OF STATE
FLORIDA

FILED

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|----------|-------------------------------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>V</u> | <u>TENNY NGUYEN, PHARM D.</u> | |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>T</u> | <u>HEIDI TRAN, PHARM D.</u> | |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>S</u> | <u>THERESA DUNG TRUONG, PHARM D</u> | |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>V</u> | <u>ANH HUANG DOAN
PHARM D.</u> | <u>2683 SAN SIMEON WAY,
KISSIMMEE, FLORIDA 34741</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>HELEN VO, M.D.</u> | <u>1535 HARSTON AVE,
ORLANDO, FL 32814</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>MICHELLE NGUYEN, M.D.</u> | <u>10720 LAGO BELLA DR.
ORLANDO, FL 32832</u> |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 01/03/2023

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KATHLYN TRAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)