

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000016542

1. Entity Name  
DAVID NGUYEN, D.O., P.A.



**FILED  
Jul 18, 2005 8:00 am  
Secretary of State**

07-18-2005 90040 004 \*\*\*150.00

Principal Place of Business  
6495 ULMERTON ROAD  
LARGO, FL 33771

Mailing Address  
C/O DRESLIN FINANCIAL SERVICES  
7985 113TH STREET STE 220  
SEMINOLE, FL 33772

2. Principal Place of Business  
6495 ULMERTON RD.

Suite, Apt. #, etc.

City & State  
Largo, FL

Zip 33771 Country US

6. Name and Address of Current Registered Agent

DRESLIN FINANCIAL SERVICES INC  
7985 113TH STREET  
#220  
SEMINOLE, FL 33772

Name David Nguyen

Street Address (P.O. Box Number is Not Acceptable)

6495 ULMERTON RD.

City Largo FL Zip Code 33771

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, DAVID 6495 ULMFATON RD LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/15/05