## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

499 N SR 434. STE 1011

ALTAMONTE SPRINGS FL 32714

## P02000030863 **DOCUMENT #**

1. Entity Name HIEU T. NGUYEN, M.D., P.A.

Principal Place of Business

ALTAMONTE SPRINGS FL 32714

499 N SR 434, STE 1011



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90137 034 \*\*\*150.00

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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	e		City	City & State			4.	4. FEI Number X Applied For Not Applicable			
Zip	·			Zip		Country		Certificate of Status Desired	<b>\$8.75</b> Ac Fee Requir		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
NGUYEN, HIEU T						Street Address (P.O. Box Number is Not Acceptable)					
499 N SR 434, STE 1011						Street Address (r.o. box Number is Not Acceptable)					
ALTAMONTE SPRINGS FL 32714								•			
						City FL Zip Code					
8. The above	named entit	y submits this stateme	ent for the purp	ose of changing its r	egistere	ed office or regis	stered ag	gent, or both, in the State of Florida.	am familiar with	, and accept	
the obligati	ions of regist	tered agent.									
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if app	olicable. (NOTE:	Registered	d Agent signature requ	uired when r	einstating) DA	TE	<del></del> !	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							9. Election Campaign Financing \$5.00			<b>00</b> May Be	
		o Florida Departme						Trust Fund Contribution.	∐ Adde	ed to Fees	
10.	•	OFFICERS	AND DIRECTO	l BS	11.		АГ	L DDITIONS/CHANGES TO OFFICERS /	AND DIRECTOR	RS IN 11	
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12 I hereby c	ertify that th	e information supplier	with this filing	does not qualify for t	the ever	mntion stated in	Section	119 07(3)(i) Florida Statutes I further	certify that the	information	

Thereby certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 empowered.

SIGNATURE:

FEB 0 7 2003