

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000054881

1. Entity Name
NHI MINH, INC.



Principal Place of Business
2556 PATRIDGE DRIVE
WINTER HAVEN, FL 33884

Mailing Address
2556 PATRIDGE DRIVE
WINTER HAVEN, FL 33884

FILED
Jul 18, 2008 - 08:00 AM
Secretary of State



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1696911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

U00000955646

07/18/08-80006-010 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

TITLE	PTD
NAME	PHAM, PETER C
STREET ADDRESS	2556 PATRIDGE DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884

TITLE	VSD
NAME	PHAM, LIHN N
STREET ADDRESS	2556 PATRIDGE DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-08

Date

863-221-8385
Daytime Phone #