

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108074

Entity Name: CHI K. NGUYEN, D.M.D., P.A.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

5265 PARK BLVD, STE A  
PINELLAS PARK, FL 33781

## New Principal Place of Business:

5265 PARK BLVD, STE 100  
PINELLAS PARK, FL 33781

## Current Mailing Address:

3909 W CLEVELAND ST, #216  
TAMPA, FL 33609

## New Mailing Address:

5265 PARK BLVD, STE 100  
PINELLAS PARK, FL 33781

FEI Number: 06-1709392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NGUYEN, CHI K  
5265 PARK BLVD, STE A  
PINELLAS PARK, FL 33781 US

## Name and Address of New Registered Agent:

NGUYEN, CHI K  
5265 PARK BLVD, STE 100  
PINELLAS PARK, FL 33781 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: CHI K. NGUYEN, DMD

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: NGUYEN, CHI K  
Address: 5265 PARK BLVD, STE A  
City-St-Zip: PINELLAS PARK, FL 33781

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: NGUYEN, CHI K  
Address: 5265 PARK BLVD, STE 100  
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHI K. NGUYEN, DMD

PST

04/29/2005

Electronic Signature of Signing Officer or Director

Date