FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1429 N PINE HILLS RD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000062208

Principal Place of Business

1429 N PINE HILLS RD

PHU TAN NGUYEN, D.D.S., P.A.

ORLANDO FL 32808		ORLANDO FL 32808					DO NOT WRI	TE IN THIS	SPACE	Ξ		
								Date Incorporated or Qualifed 08/30/1993				
District D	lace of Business	o- Mailing	Address					FEI Number			Apr	lied For
	lace of Business	2a, Mailing	Address				4.	59-3202267		-	+ ···	Applicable
Suite, Apt.	# atc		pt. #, etc.				 			\$8.	<u> </u>	dditional
<u> </u>	#, 6tc.	27	.pc. //, 0.0.				5.	Certifcate of Status Desired			e Rec	
22 27 City & State City & State							6	Election Campaign Financing	, ;-	\$5	.00	May Be
23 28							J	Trust Fund Contribution	L.J	•	ided to	
Ζiρ	Country Zip				Country			This corporation owes the curr	ent year Int	angible		
24	25 29			30			•	Personal Property Tax.	•	[] Yes		ÑNo
	9. Name and Address of Currer	nt Registered A	gent				10.	Name and Address of New F	Registered	Agent		
				81		Name						
NGUYEN, PHU TAN			83	82 Street Address			P.O. Box Number is Not Accepta	able)				
1429 N PINE HILLS RD			"	1	Garder Address	., 00	.0. 25% (10///00/10///00/00/00/	,				
ORL	ANDO FL 32808			83	3							
				84	-	O!*··				85	Zip C	ode
				04	١,	City			FL	_ 83	Zip C	oue
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state in familiar with, and accept the obligation of the state in familiar with a state of the st		. (NOTE: F	Registered Age		signature required v		einstating) ADDITIONS/CHANGES TO OF	DATE	וח חופו	ECTO!	25 IN 12
12.	D OFFICERS AF	ND DIRECTORS	DELETE	13.				ADDITIONS/CHANGES TO UP	FICERS AN	Ch:		Addition
TITLE	NGUYEN, PHU TAN		- Decere	1.2 NAME								
NAME	1429 N PINE HILLS RD			1.3 STREE		ADDDECC						
STREET ADDRESS	ORLANDO FL 32808						•					
CITY-ST-ZIP	UNDANDO PL 32000		DELETE	1.4 CITY-1 2.1 TITLE	51-	-219		<u> </u>		Cha	ange	Addition
TITLE			_ occe,e	2.2 NAME								
NAME				2.3 STREE		ADDDESS						
STREET ADDRESS				2.4 CITY-								
CITY-ST-ZIP			DELETE	3.1 TITLE	3,1					☐ Chi	ange	Addition
NAME			-	3.2 NAME		j						
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP				3.4. CITY-								
TITLE		-90	☐ DELETE	4.1 TITLE				·	•••	☐ Ch	ange	☐ Addition
NAME				4. 2 NAME	Ē							
STREET ADDRESS				4.3 STREE	ET A	ADDRESS						
CITY-ST-ZIP				4.4 C/TY-	ST-	-ZiP						
TITLE			DELETE	5.1 TITLE						Ch	ange	☐ Addition
				5.2 NAME								

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Addition

☐ Change

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90034 017 ***150.00