FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$20.00 Mar 06 1998 8:00am PROFIT FLORIDA DEPARTMENT CORPORATION Secretary of State ANNUAL REPORT Secretary of St 1998 DIVISION OF CORPO IONS POCUMENT # P95000036328 (9) CHI T. NGUYEN, D.D.S., P.A. Principal Place of Business Mailing Address 11 - 7TH AVE NE 11 - 7TH AVE NE **RUSKIN FL 33570** RUSKIN FL 33570 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1995 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 Not Applicable 26 59-3318766 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt #. etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Zip Country Žip This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes Yes ☐ No 20 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name O'CONNOR, PATRICK M 18167 U.S. HIGHWAY 19 NORTH Street Address (P.O. Box Number is Not Acceptable) SUITE 461 **CLEARWATER FL 34624** City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the love-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida States. SIGNATURE (NOTE Register) Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 Change Addition TITLE DELETE 1.1] [[NAME NGUYEN, CHI T 1.2 KME 11 - 7TH AVE NE STREET ADDRESS 1.3 SREET ADDRESS RUSKIN FL 33570 CITY-ST-ZIP 1.4 dry-ST-ZIP Change Addition TITLE DELETE 21 LE NAME 2.2 ME STREET ADDRESS 2.3 REET ADDRESS CITY-ST-ZIP 2.4 ATY - ST - ZiP Addition Change TITLE DELETE 3.1 BLE NAME 3.2 PAME STREET ADDRESS 3.3 SREET ADDRESS CITY-ST-ZIP 3.4. IITY - ST - ZIP TITLE DELETE Change Addition 4.1 TILE NAME 4. 2 JAME STREET ADDRESS 4.3 SPREET ADDRESS CITY-ST-ZIP 4.4 OTY-ST-ZIP Change Addition TITE F DELETE 511InE NAME 5.2 LAME STREET ADDRESS 53 REET ADDRESS CITY-ST-ZIP 14-51-21P DELETE Change Addition 6.1

6.2 ME

HEET ADDRESS

SIGNATURE: X

NAME

STREET ADDRESS

CITY-ST-7IP

14. I hereby certify that the information supplied with this filing does not qualify for the eindicated on this annual report is rupplemental annual report is true and accurate a officer or director of the coriporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an addyess.

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information that my signature shall have the same legal effect as if made under oath; that I am an its report as required by Chapter 607, Florida Statutes; and that my name appears in