


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91055 048 ***150.00

DOCUMENT # P95000036328	
1. Entity Name CHI T. NGUYEN, D.D.S., P.A.	

Principal Place of Business 11-7TH AVE NE 768 Cortaro Dr. RUSKIN FL 33570 SEC, FL 33573	Mailing Address 11-7TH AVE NE PO Box 1235 RUSKIN FL 33570 Seffner, FL 33583
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2. Principal Place of Business 768 CORTARO DR.	3. Mailing Address P.O. BOX 1235
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SUN CITY CENTER, FL	City & State SEFFNER, FL
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Zip 33573	Country HILLSBOROUGH	Zip 33583	Country HILLSBOROUGH
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6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M 18167 U.S. HIGHWAY 19 NORTH SUITE 461 CLEARWATER FL 34624		7. Name and Address of New Registered Agent Name Gerald J. Correa Street Address (P.O. Box Number is Not Acceptable) 275 96th Ave N. Unit 6 City St Petersburg FL Zip Code 33702-2523	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, CHI T 11-7TH AVE NE 768 CORTARO DR. RUSKIN FL 33570 SEC, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 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.	
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SIGNATURE: 	4/20/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>