

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 03 1997 8:00am  
Secretary of State

DOCUMENT # P96000077721 (4)

1. Corporation Name

~~MKPN, INC.~~  
Troy H. Nguyen O.D., P.A.

Principal Place of Business

2865 WINKLER AVENUE  
SUITE 419  
FORT MYERS FL 33916

Mailing Address

2865 WINKLER AVENUE  
SUITE 419  
FORT MYERS FL 33916-9362

3. Date Incorporated or Qualified

09/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 9900 S. Ocean Dr.

Suite, Apt. #, etc.

22 406

City & State

23 Jensen Beach, FL

Zip

24 34957

Country

25 U.S.A.

2a. Mailing Address

26 9900 S. Ocean Dr.

Suite, Apt. #, etc.

27 406

City & State

28 Jensen Beach, FL

Zip

29 34957

Country

30 U.S.A.

4. FEI Number

650697639

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NGUYEN, TROY H  
2865 WINKLER AVENUE  
SUITE 419  
FORT MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name

Troy H. Nguyen

82 Street Address (P.O. Box Number is Not Acceptable)

9900 S. Ocean Dr. - St. 406

83

84 City

Jensen Beach

FL

85 Zip Code

34957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-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 Statutes.

SIGNATURE

*Troy H. Nguyen*

Troy H. Nguyen (President)

5/27/97

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

(NOT Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME NGUYEN, TROY H  
STREET ADDRESS 2865 WINKLER AVENUE, #419  
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Troy H. Nguyen

9900 S. Ocean Dr., St. 406

Jensen Beach, FL 34957

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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, or on an attachment with an address.

SIGNATURE:

*Troy H. Nguyen*

5/27/97 (5/27/97)

CR2E034 (9/96)