2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Mar 18, 2004 8:00 am DOCUMENT # P99000010482 **Secretary of State** PETER N. NGUYEN, DMD, P.A. 03-18-2004 90009 001 ***150.00 Principal Place of Business Mailing Address 15275 COLLIER BLVD SUITE 204 NAPLES FL 34119 15275 COLLIER BLVD SUITE 204 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3563188 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUDGINS, THOMAS F Street Address (P.O. Box Number is Not Acceptable) 791 10TH STREET SOUTH SUITE B NAPLES FL 34102 City Zip Code 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 _________Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME. NGUYEN, PETER N NAME 2041 Isla de Palma Circle STREET ADDRESS 5535 COVE CIRCLE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP Naples Fr 34119 ST ☐ Delete TITLE ☐ Addition 2041 Isla de Palma Circle NGUYEN, MARCIE NAME STREET ADDRÉSS 5553 COVE CIRCLE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP TITLE ☐ Delete TITLE ____Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP thereby certify that the information stupplied with his 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 trusts and embed 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR