

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90009 001 \*\*\*150.00

**DOCUMENT # P99000010482**



1. Entity Name  
**PETER N. NGUYEN, DMD, P.A.**

Principal Place of Business      Mailing Address  
**15275 COLLIER BLVD**      **15275 COLLIER BLVD**  
**SUITE 204**      **SUITE 204**  
**NAPLES FL 34119**      **NAPLES FL 34119**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**59-3563188**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**HUDGINS, THOMAS F**  
**791 10TH STREET SOUTH**  
**SUITE B**  
**NAPLES FL 34102**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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      DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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.      \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      P       Delete  
 NAME      NGUYEN, PETER N  
 STREET ADDRESS      5535 COVE CIRCLE  
 CITY-ST-ZIP      NAPLES FL 34119

TITLE       Change       Addition  
 NAME      **2041 Isla de Palma Circle**  
 STREET ADDRESS      **Naples FL 34119**  
 CITY-ST-ZIP

TITLE      ST       Delete  
 NAME      NGUYEN, MARCIE  
 STREET ADDRESS      5553 COVE CIRCLE  
 CITY-ST-ZIP      NAPLES FL 34119

TITLE       Change       Addition  
 NAME      **2041 Isla de Palma Circle**  
 STREET ADDRESS      **Naples FL 34119**  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.

**SIGNATURE:**

**3/15/04**  
 Date

**239-293-3483**  
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR