

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30906

Entity Name: VIETNAMESE AMERICAN MEDICAL PROFESSIONALS INC.

Current Principal Place of Business:

1517 CLOVERLAWN AVE
ORLANDO, FL 32806

Current Mailing Address:

1517 CLOVERLAWN AVE
ORLANDO, FL 32806 US

FEI Number: 59-2976607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HO, SON DR.
1517 CLOVERLAWN AVE
ORLANDO, FL 32806 US

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.

SIGNATURE: SON HO

02/11/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE
Name NGUYEN, MYHANH T MD
Address 1526 LAKE WHITNEY DR
City-State-Zip: WINDERMERE FL 34786

Title TREASURER
Name HO, SON MD
Address 2098 OSPREY AVENUE
City-State-Zip: ORLANDO FL 32814

Title PRES
Name VO, HELEN DR.
Address 1535 HARSTON AVE
City-State-Zip: ORLANDO FL 32814

Title V
Name HOANG DOAN, ANH PHARM D
Address 2683 SAN SIMEON WAY
City-State-Zip: KISSIMMEE FL 34741

Title S
Name NGUYEN, MICHELLE MD
Address 10720 LAGO BELLA DR
City-State-Zip: ORLANDO FL 32832

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SON HO

TREASURER

02/11/2025

Electronic Signature of Signing Officer/Director Detail

Date