

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K51405

**Entity Name:** ANDREW NGUYEN, M.D., P.A.

**Current Principal Place of Business:**

% ANDREW NGUYEN, M.D.  
308 N. MAIN STREET  
TRENTON, FL 32693

**Current Mailing Address:**

% ANDREW NGUYEN, M.D.  
308 N. MAIN STREET  
TRENTON, FL 32693 US

**FEI Number:** 59-2920999

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NGUYEN, ANDREW, M.D.  
308 N. MAIN ST.  
TRENTON, FL 32693 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title MD  
Name NGUYEN, ANDREW MD  
Address 308 N. MAIN STREET  
City-State-Zip: TRENTON FL 32693

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW MD NGUYEN

MD

02/01/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date