

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000036328

**Entity Name:** CHI T. NGUYEN, D.D.S., P.A.

**Current Principal Place of Business:**

768 CORTARO DRIVE  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

PO BOX 5340  
SUN CITY CENTER, FL 33571

**FEI Number:** 59-3318766

**Certificate of Status Desired:** No

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

NGUYEN, CHI T  
768 CORTARO DR  
SUN CITY CENTER, FL 33573 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 DR.  
Name NGUYEN, CHI T  
Address 768 CORTARO DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

*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:** CHI NGUYEN

**PRESIDENT/ DENTIST**

**02/07/2018**

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

\_\_\_\_\_  
Date