2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 550111

1. Entity Name
RENE AB. CAPULONG, M.D., P.A.

Principal Place of Business	Mailing Address
800 W PLYMOUTH AVE	800 W PLYMOUTH AVE
DELAND, FL 32720	DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

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01102008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1778097		Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPULONG, RENE AB
800 W PLYMOUTH AVE
DELAND, FL 32720

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   PTD   OFFICERS AND DIRECTORS

TITLE	PTD	PRESIDENT, SECRETARY
NAME	CAPULONG, RENE AB	TREASURER
STREET ADDRESS	800 W PLYMOUTH AVE	DIRECTOR
CITY-ST-ZIP	DELAND, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _RENE AB. CAPULONG MD_   4-10-08   386-736-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #