

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Marburn  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H46466** (9)

1. Corporation Name  
**ROMANSKI, D.C. AND ROMANSKI, D.C., P.A.**

Principal Place of Business  
**1237 S. VENICE BY-PASS  
VENICE FL 34293**

Mailing Address  
**1237 S. VENICE BY-PASS  
VENICE FL 34293**



2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified <b>12/26/1984</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FFL Number <b>59-2520371</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROMANSKI, MARTIN E., D.C.  
2405 ISLE OF PALMS DRIVE  
VENICE FL 34292**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.05(12) and 607.15(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the department as registered agent. I am familiar with, and accept the obligations of, Section 607.05(5), Florida Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ROMANSKI, MARTIN E., DC	
STREET ADDRESS	805 CUMBERLAND RD.	
CITY-ST-ZIP	VENICE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROMANSKI, ERENE M., DC	
STREET ADDRESS	805 CUMBERLAND RD.	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished by me, and that I am an officer or director of the corporation. The receipt of transfer of property to the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the public records of the State of Florida.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Much 31, 1996* 941-4856664

CR2E034 (12/95)