

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053357

**FILED**  
**Jan 29, 2008**  
**Secretary of State**

**Entity Name:** ENRIQUE ROMEU, D.M.D., P.A.

**Current Principal Place of Business:**

10415 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

12276 SAN JOSE BLVD  
SUITE 604  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

10415 OLD ST AUGUSTINE RD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

12276 SAN JOSE BLVD  
SUITE 604  
JACKSONVILLE, FL 32223

**FEI Number:** 59-3644709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMEU, ENRIQUE  
12300 MANDARIN RD  
JACKSONVILLE, FL 32223 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROMEU, ENRIQUE  
Address: 12300 MANDARIN RD  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ENRIQUE ROMEU, D.M.D., P.A.

PRES

01/29/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date