

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007947

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** ROMAY FAMILY DENTISTRY & ASSOC, P.A.

**Current Principal Place of Business:**

6437 BIRD ROAD  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6437 BIRD ROAD  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 90-0003183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMAY, RICARDO  
9341 SW 78 COURT  
MIAMI, FL 331562720 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROMAY, RICARDO  
Address: 9341 SW 78 CT.  
City-St-Zip: MIAMI, FL 331562720

Title: VST  
Name: ROMAY, RICARDO  
Address: 9431 SW 78 CT.  
City-St-Zip: MIAMI, FL 331562720

Title: ST  
Name: RAMIREZ, GRACIELA  
Address: 6437 BIRD ROAD  
City-St-Zip: MIAMI, FL 33155

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: RICARDO ROMAY

P

04/20/2011

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

\_\_\_\_\_  
Date