

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093002

FILED
Feb 10, 2008
Secretary of State

Entity Name: JOSE A. ITURREGUI, DDS, MS, P.A.

Current Principal Place of Business:

177 E. GRAVES AVE.
SUITE A
ORANGE CITY, FL 32763

New Principal Place of Business:

177 E. GRAVES AVE.
SUITE A
ORANGE CITY, FL 32763

Current Mailing Address:

1267 ST. ALBANS LOOP
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 86-1080930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ITURREGUI, JOSE A
1267 ST. ALBANS LOOP
LAKE MARY, FL 32746 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: DDS, () Delete
Name: ITURREGUI, JOSE A
Address: 1267 ST. ALBANS LOOP
City-St-Zip: LAKE MARY, FL 32746

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: JOSE A. ITURREGUI

OFFI

02/10/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date