

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066460

FILED
Mar 19, 2007
Secretary of State

Entity Name: AUREL CIOBANU, D.M.D., P.A.

Current Principal Place of Business:

888 BRICKELL KEY DRIVE
#2300
MIAMI, FL 33131

New Principal Place of Business:

8251 W BROWARD BLVD
SUITE 201
PLANTATION, FL 33324

Current Mailing Address:

888 BRICKELL KEY DRIVE
#2300
MIAMI, FL 33131

New Mailing Address:

8251 W BROWARD BLVD
201
PLANTATION, FL 33324

FEI Number: 20-4917153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIOBANU, AUREL D.M.D.
888 BRICKELL KEY DIRVE
#2300
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CIOBANU, AUREL D.M.D.
8251 W BROWARD BLVD.
201
PLANTATION, FL 33324 US

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: AUREL CIOBANU, DMD, PA

03/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CIOBANU, AUREL D.M.D.
Address: 888 BRICKELL KEY DRIVE #2300
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CIOBANU, AUREL D.M.D.
Address: 8251 W BROWARD BOULEVARD
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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: AUREL CIOBANU, DMD, PA

D

03/19/2007

Electronic Signature of Signing Officer or Director

Date