

2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-21-2007 90044 030 ***150.00
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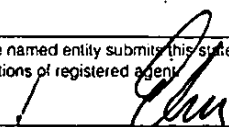
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07 MAY 17 AM 9:15

CLERK OF STATE
TALLAHASSEE, FLORIDA



03112007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000089798					
1. Entity Name EUGEN LUIS, MD, PA					
Principal Place of Business 301 SW 44 AVE CORAL GABLES, FL 33134			Mailing Address 301 SW 44 AVE CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 1756 N BAYSHORE DR			3. Mailing Address 1756 N BAYSHORE DR		
Suite, Apt. #, etc. APT. # 27-D			Suite, Apt. #, etc. APT. # 27-D		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33132	Country USA	Zip 33132	Country USA	4. FEI Number 90-0287138	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUIS, EUGEN 301 SW 44 AVE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name LUIS, EUGEN Street Address (P.O. Box Number is Not Acceptable) 1756 N BAYSHORE DR APT # 27-D City MIAMI FL Zip Code 33132		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUIS, EUGEN 301 SW 44 AVE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LUIS, EUGEN 1756 N BAYSHORE DR #270 MIAMI, FLORIDA 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

As per telephone communication with Luis Eugen

2/5/17