

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089798

**FILED**  
**Apr 10, 2008**  
**Secretary of State**

**Entity Name:** EUGEN LUIS, MD, PA

**Current Principal Place of Business:**

1756 N BAYSHORE DRIVE  
APT. # 27-O  
MIAMI, FL 33132 US

**New Principal Place of Business:**

**Current Mailing Address:**

1756 N BAYSHORE DRIVE  
APT. # 27-O  
MIAMI, FL 33132 US

**New Mailing Address:**

**FEI Number:** 90-0287138      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LUIS, EUGEN  
1756 N BAYSHORE DRIVE  
APT. # 27-O  
MIAMI, FL 33132 US

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

LUIS, EUGEN MD  
1756 N BAYSHORE DRIVE  
APT. # 27-O  
MIAMI, FL 33132 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: EUGEN LUIS      04/10/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LUIS, EUGEN  
Address: 1756 N BAYSHORE DRIVE, APT # 27-0  
City-St-Zip: MIAMI, FL 33132 US

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

Title: MD (X) Change ( ) Addition  
Name: LUIS, EUGEN MD  
Address: 1756 N BAYSHORE DRIVE, APT # 27-0  
City-St-Zip: MIAMI, FL 33132 US

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: EUGEN LUIS      MD      04/10/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date