

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021267

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** EUGENIA RULLAN, M.D., INC.

**Current Principal Place of Business:**

520 D STREET  
SUITE C  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

612 DRUID RD E  
CLEARWATER, FL 33756 US

**Current Mailing Address:**

520 D STREET  
SUITE C  
CLEARWATER, FL 33756 US

**New Mailing Address:**

612 DRUID RD E  
CLEARWATER, FL 33756 US

**FEI Number:** 20-8454548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITTLE, MICHAEL G  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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: PSTD  
Name: RULLAN, EUGENIA M.D.  
Address: 612 DRUID RD E  
City-St-Zip: CLEARWATER, FL 33756 US

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: EUGENIA RULLAN

PRES

03/30/2010

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

\_\_\_\_\_ Date