## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039605

Entity Name: EUGENIO RIVERA, DPM, P.A.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

31 S. E. 5TH STREET 4343 WEST FLAGLER ST SUITE 3310 SUITE 400

MIAMI, FL 33131 MIAMI, FL 33134 US

Current Mailing Address: New Mailing Address:

 31 S. E. 5TH STREET
 4343 WEST FLAGLER ST

 SUITE 3310
 SUITE 400

 MIAMI, FL 33131
 MIAMI, FL 33134
 US

FEI Number: 20-8755545 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RIVERA, EUGENIO
31 S. E. 5TH STREET
5UITE 3310
6 MIAMI, FL 33131 US
7 RIVERA, EUGENIO
4343 WEST FLAGLER ST
5UITE 400
6 MIAMI, FL 33131 US
7 MIAMI, FL 33134 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: EUGENIO RIVERA 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: RIVERA, EUGENIO Name: RIVERA, EUGENIO

Address: 31 S. E. 5TH STREET, SUITE 3310 Address: 4343 WEST FLAGLER ST SUITE 400

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33134

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: EUGENIO RIVERA PRES 04/30/2008