

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072809

FILED  
Feb 28, 2009  
Secretary of State

Entity Name: ROMY N. JARAPLASAN, D.M.D., P.A.

## Current Principal Place of Business:

10691 EAST COLONIAL DR  
ORLANDO, FL 32817

## New Principal Place of Business:

## Current Mailing Address:

10691 EAST COLONIAL DR  
ORLANDO, FL 32817

## New Mailing Address:

FEI Number: 26-0420009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JARAPLASAN, ROMY N D.M.D.  
20259 MELVILLE ST  
ORLANDO, FL 32883 US

## Name and Address of New Registered Agent:

JARAPLASAN, ROMY N D.M.D.  
20259 MELVILLE ST  
ORLANDO, FL 32833 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:

02/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JARAPLASAN, ROMY  
Address: 20259 MELVILLE ST  
City-St-Zip: ORLANDO, FL 32883

Title: VP ( ) Delete  
Name: JARAPLASAN, ROMEO G  
Address: 10691 EAST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: S ( ) Delete  
Name: JARAPLASAN, LILIA G  
Address: 10691 EAST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32817

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JARAPLASAN, ROMY  
Address: 20259 MELVILLE ST  
City-St-Zip: ORLANDO, FL 32833

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROMY JARAPLASAN

D

02/28/2009

Electronic Signature of Signing Officer or Director

Date