

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072809

**FILED**  
**Feb 15, 2010**  
**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 32833 US

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

JARAPLASAN, ROMY N D.M.D.  
10691 EAST COLONIAL DRIVE  
ORLANDO, FL 32817 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: ROMY N JARAPLASAN

02/15/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JARAPLASAN, ROMY  
Address: 10691 EAST COLONIAL DRRIVE  
City-St-Zip: ORLANDO, FL 32817

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

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

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: ROMY N JARAPLASAN

D

02/15/2010

Electronic Signature of Signing Officer or Director

Date