


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUN 19 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000073764		
1. Entity Name JOSE A. ROMANO, DVM, P.A.		

Principal Place of Business 4211 W 16 AVENUE HIALEAH, FL 33012	Mailing Address 1200 NW 78 AVENUE MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4211 W. 16 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIALEAH, FLORIDA	City & State HIALEAH, FLORIDA
Zip 33012	Country MIA-DADE

6. Name and Address of Current Registered Agent ROMANO, JOSE A DVM 10335 PANAMA ST COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANO, JOSE A DVM 10335 PANAMA STREET COOPER CITY, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>JOSE A. ROMANO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>6/15/07</u> Daytime Phone #: <u>305-824-0509</u>