


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91362 021 ***150.00

DOCUMENT # P95000073764

1. Entity Name
JOSE A. ROMANO, DVM, P.A.



Principal Place of Business
**1840 WEST 49TH STREET STE 404
HALEAH, FL 33012**

Mailing Address
**1840 WEST 49TH STREET STE 404
HALEAH, FL 33012**

2. Principal Place of Business
4211 W 16 AVENUE

3. Mailing Address
1200 NW 78 AVENUE

Suite, Apt. #, etc.

City & State
HALEAH, FL

City & State
MIAMI, FL

Zip
33012

Country

Zip
33126

Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROMANO, JOSE A DVM
4040 WEST 49TH STREET STE 404
HALEAH, FL 33012**

4. FEI Number
65-0625743

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
10335 PANAMA STREET

City
COOPER CITY

FL

Zip Code
33026

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 *Jose Romano, DVM* DATE **4/23/03**

Signature of individual name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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
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
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
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
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 exemption stated in Section 119.07(3)(f), 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: *Jose Romano, DVM* DATE **4/23/03** (203) 892-0509

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR20034 (10/02)