


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # P96000049550**

1. Entity Name  
 LUIS HERNANDEZ-ABREU, D.M.D., P.A.



Principal Place of Business 10271 SW 72 ST STE D-106 MIAMI, FL 33173	Mailing Address 10271 SW 72 ST STE D-106 MIAMI, FL 33173
---	---

**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0674352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ-ABREU, LUIS  
 10271 SW 72 STRETE  
 STE D-106  
 MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	--	------------------------------------

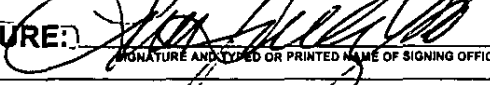
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS HERNANDEZ-ABREU, LUIS 10271 SW 72 STREET STE D-106 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ-ABREU, LUIS 10271 SW 72 ST STE D-106 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000922740  
 05/16/08-80002-022-150:00

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:  Luis Hernandez-Abreu Date: 4/18/08 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR