

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72819

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: ANTONIO MORA, M.D., P.A.

**Current Principal Place of Business:**

1435 W 49 PL  
SUITE 305  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

8100 SW 133 ST  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 65-0340977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MORA, ANTONIO  
1435 W 49TH PLACE #305  
HIALEAH, FL 33012 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORA, ANTONIO,  
Address: 1435 WERST 49TH PLACE STE 305  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTONIO MORA

PD

02/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date