

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 585375

1. Entity Name

TORRES AND TORRES, M.D.'S, P.A.



Principal Place of Business

4800 N. NINTH AVENUE
PENSACOLA, FL 32503

Mailing Address

4800 N. NINTH AVENUE
PENSACOLA, FL 32503



01222005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1843637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, ADELAIDA L.
4800 N. NINTH AVENUE
PENSACOLA, FL 32503

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TORRES, ADELAIDA L.
STREET ADDRESS 4800 N. NINTH AVENUE
CITY-ST-ZIP PENSACOLA, FL

TITLE VD
NAME TORRES, DEWEY
STREET ADDRESS 4800 N. NINTH AVENUE
CITY-ST-ZIP PENSACOLA, FL

TITLE TS
NAME LAYNO, ELSA B
STREET ADDRESS 4800 N. NINTH AVENUE
CITY-ST-ZIP PENSACOLA, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000233625
02/17/05-80046-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 02/16/05 X 850-478-0134
Date Daytime Phone #