

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 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**



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1843637

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

Applied For
Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD TORRES, ADELAIDA L. 4800 N. NINTH AVENUE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD TORRES, DEWEY 4800 N. NINTH AVENUE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TS LAYNO, ELSA B 4800 N. NINTH AVENUE PENSACOLA, FL 00000
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05/18/06-80031-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Elsa B. Layno* **ELSA B. LAYNO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **850-478-0134**