


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # 630456**

1. Entity Name  
 JUAN D. LORA M.D., P.A.



Principal Place of Business 1130 SE 18TH PLACE OCALA, FL 34471 US	Mailing Address 1130 SE 18TH PLACE OCALA, FL 34471
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**DO NOT WRITE IN THIS SPACE**



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1918551	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

LORA, JUAN D  
 1130 SE 18TH PLACE  
 OCALA, FL 34471

**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) DATE \_\_\_\_\_

<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
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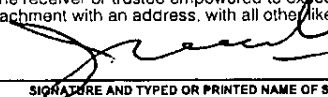
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORA, JUAN D 1130 SE 18TH PLACE OCALA, FL 34471
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100000831180  
 02/27/08-80008-001-150.00

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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:**  **2/15/08** **352-732-3966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #