


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 685211 1. Entity Name LOUIS S. MOGYOROS, D.V.M., P.A. |  |
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|---|---|
| Principal Place of Business 1220 NE 26TH STREET FORT LAUDERDALE, FL 33305 | Mailing Address 1220 NE 26TH STREET FORT LAUDERDALE, FL 33305 |
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2021631 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MOGYOROS, LOUIS S. 1220 NE 26TH ST FORT LAUDERDALE, FL 33305 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000382597 01/12/06-80018-013 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP MOGYOROS, LOUIS S. 1220 NE 26TH ST FT LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: L. S. Mogyoros, DVM Louis S. Mogyoros, DVM. 1/7/06 (954) 565-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #