


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90019 018 \*\*\*150.00

<b>DOCUMENT # G40491</b>			
1. Entity Name <b>MYRA SPIRA, D.M.D., P.A.</b>			
Principal Place of Business <b>9900 STIRLING RD. PEMBROKE PINES FL 33024</b>		Mailing Address <b>2680 HACKNEY RD FT LAUDERDALE FL 33331 US</b>	
2. Principal Place of Business <b>101 North Pine Island Rd</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc.	
City & State <b>Plantation Fla</b>		City & State	
Zip <b>33324</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>SCHWARTZ, PAULA, L 2965 LUCKIE RD FT LAUDERDALE FL 33331</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPIRA, MYRA 2680 HACKNEY ROAD FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/05)

4. FEI Number **59-2311526** Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Myra Spira **MYRA SPIRA** 2/28/06 954 3894522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #