

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90049 011 \*\*\*158.75

**DOCUMENT # J26571**

1. Entity Name

RAFAEL V. MORA, M.D. P.A.



Principal Place of Business

% MICHAEL J. MORA  
11880 S.W. 40 ST. #113 207  
MIAMI FL 33175

Mailing Address

% MICHAEL J. MORA  
11880 S.W. 40 ST. #113 207  
MIAMI FL 33175

2. Principal Place of Business

11880 SW 40 St

3. Mailing Address

P.O. Box 652902

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip 33175

Country Dade

Zip 33265

Country Dade

6. Name and Address of Current Registered Agent

MORA, MICHAEL J.  
5960 NW 7TH ST.  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2745615

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PST  
NAME MORA, RAFAEL V.  
STREET ADDRESS 11880 BIRD RD #113 207  
CITY-ST-ZIP MIAMI FL 33175

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rafael V Mora M.D.  
2-17-04 (905) 5549694