

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064738

Entity Name: LUIS TORRES, M.D., P.A.

FILED
Mar 15, 2004
Secretary of State

Current Principal Place of Business:

2511 DORA AVENUE
TAVARES, FL 32778 US

New Principal Place of Business:

221 N JOANNA AVE
TAVARES, FL 32778 US

Current Mailing Address:

2511 DORA AVENUE
TAVARES, FL 32778 US

New Mailing Address:

221 N JOANNA AVE
TAVARES, FL 32778 US

FEI Number: 59-3662507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

G. EDWARD CLEMENT
308 EAST FIFTH AVENUE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TORRES, LUIS M.D.
Address: 34517 PARKVIEW AVE
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: TORRES, LUIS M.D.
Address: 34517 PARKVIEW AVE
City-St-Zip: EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS TORRES

DR

03/15/2004

Electronic Signature of Signing Officer or Director

Date