

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000065249**

1. Entity Name  
ERICA R. ESCORCIA, M.D., P.A.



Principal Place of Business  
137 MORNINGSDRIVE  
CORAL GABLES, FL 33133

Mailing Address  
137 MORNINGSDRIVE  
CORAL GABLES, FL 33133

**DO NOT WRITE IN THIS SPACE**



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1123678

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SINGER, BERNARD A  
3107 STIRLING ROAD  
SUITE 105  
FT. LAUDERDALE, FL 33312

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ESCORCIA, ERICA R.M.D.  
137 MORNINGSDRIVE  
CORAL GABLES, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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04/13/06-80046-008 150.00

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IN THIS SPACE**

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:**

*Erica Escorcio M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06  
Date

305-661-9128  
Daytime Phone #