

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108732

FILED
May 23, 2007
Secretary of State

Entity Name: EMILIO B. TORRES PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

10111 FOREST HILL BLVD
SUITE 202
WELLINGTON, FL 33414 US

New Principal Place of Business:

1397 MEDICAL PARK BLVD
SUITE 200
WELLINGTON, FL 33414 US

Current Mailing Address:

1485 STONEHAVEN ESTATES DRIVE
WEST PALM BEACH, FL 33411 US

New Mailing Address:

584 GLENFIELD WAY
WEST PALM BEACH, FL 33411 US

FEI Number: 65-1152098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMILIO TORRES MD PA
10111 FOREST HILL BLVD
SUITE 202
WELLINGTON, FL 33411 US

Name and Address of New Registered Agent:

EMILIO TORRES MD PA
1397 MEDICAL PARK BLVD
SUITE 200
WELLINGTON, FL 33411 US

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:

05/23/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: TORRES, EMILIO B
Address: 1485 STONEHAVEN ESTATES DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: TORRES, EMILIO B
Address: 584 GLENFIELD WAY
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EMILIO B TORRES

DR

05/23/2007

Electronic Signature of Signing Officer or Director

Date