


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90479 018 ***150.00

DOCUMENT # P01000121301	
1. Entity Name ERIC MOHR DMD, P.A.	

Principal Place of Business 10080 NW 1ST COURT PLANTATION, FL 33324	Mailing Address 61 NE 47 COURT FORT LAUDERDALE, FL 33334
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50017733



2. Principal Place of Business 6320 NE 15 Ave Suite, Apt. #, etc.	3. Mailing Address 6320 NE 15 Ave Suite, Apt. #, etc.
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04202006 Chg-P CR2E034 (11/05)

City & State Ft. Lauderdale, FL Zip 33334 Country US	City & State Ft. Lauderdale, FL Zip 33334 Country US
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4. FEI Number 80-0009415	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIEND, JOEL 20871 JOHNSON STREET SUITE 103 PEMBROKE PINES, FL 33029	7. Name and Address of New Registered Agent Name: Joel Friend and Associates, Inc. Street Address (P.O. Box Number is Not Acceptable): 2200 N. Commerce Parkway, Suite 202 City: Weston FL Zip Code: 33326
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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: <u>Joel Friend, Agent</u> DATE: <u>4/24/2006</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHR, <input type="checkbox"/> Delete 10080 NW 1ST COURT PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>4/25/06</u> Daytime Phone #