



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 001 ***150.00

DOCUMENT # P02000001672 1. Entity Name OSVALDO Z. MAYORAL, D.M.D., P.A.					
Principal Place of Business C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131			Mailing Address C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 200 S. Biscayne Blvd. Suite # 3900 City & State		3. Mailing Address 200 S. Biscayne Blvd. Suite # 3900 City & State			
4. FEI Number 02-0530861		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. Suite # 3900 City FL Zip Code		
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><i>Marc Auerbach</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYORAL, OSVALDO Z DMD 12651 S. DIXIE HWY, #400 MIAMI, FL 33156	<input type="checkbox"/> Delete			
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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><i>[Signature]</i></u> 2/19/08 (305) 255-7722 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					