


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000027640**

1. Entity Name  
 JULIO C. LORA, M.D., P.A.



Principal Place of Business      Mailing Address

777 E 25TH ST.  
 SUITE 112  
 HIALEAH, FL 33013

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 HIALEAH, FL 33013

**DO NOT WRITE IN THIS SPACE**



02142005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

59-2688330      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORA, JULIO C  
 777 E 25TH ST.  
 SUITE 112  
 HIALEAH, FL 33013

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LORA, JULIO C
STREET ADDRESS	777 E 25TH ST.
CITY - ST - ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400000336380  
 04/27/05-80124-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_      Date: 4/25/05      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR