


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

5/ **FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90208 020 \*\*\*150.00

**DOCUMENT # P02000027640**

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



Principal Place of Business 777 E 25TH ST. SUITE 112 HIALEAH, FL 33013	Mailing Address 777 E 25TH ST. SUITE 112 HIALEAH, FL 33013
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**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2688330	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

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

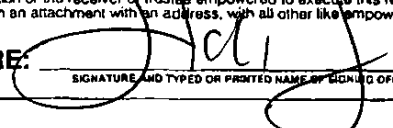
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORA, JULIO C 777 E 25TH ST. HIALEAH, FL 33013
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**DO NOT WRITE 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_