

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109060

FILED
Apr 10, 2008
Secretary of State

Entity Name: LUIS F. MOTA, D.M.D., M.D., P.A.

Current Principal Place of Business:

C/O LUIS F. MOTA
3031 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

LUIS F. MOTA DMD MS PA
3031 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

C/O LUIS F. MOTA
3031 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

LUIS F. MOTA DMD MS PA
3031 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160

FEI Number: 01-0752431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTA, LUIS F
3031 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOTA, LUIS F
Address: 3031 NE 163RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUIS MOTA

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date