

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90003 021 ***158.75

DOCUMENT # P03000004691

1. Entity Name
RONALD R. LORING, O.D., P.A.



Principal Place of Business
**542 ARTHUR FODFREY RD.
MIAMI BEACH, FL 33140**

Mailing Address
**542 ARTHUR FODFREY RD.
MIAMI BEACH, FL 33140**

00000427



2. Principal Place of Business

542 ARTHUR FODFREY RD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0671170

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LORING, RONALD R
542 ARTHUR FODFREY RD.
MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

542 ARTHUR FODFREY RD

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

Ronald R. Loring, O.D., P.A.

(NOTE: Registered Agent signature required when reinstating)

1-5-05

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LORING, RONALD R
907 N. SHORE DR.
MIAMI BEACH, FL 33141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Ronald R. Loring, O.D., P.A.

1-5-05

Date

305-234-3237

Daytime Phone