

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90013 027 \*\*\*150.00

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000004691</b><br>1. Entity Name<br>RONALD R. LORING, O.D., P.A. |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>542 ARTHUR GODFREY RD<br>MIAMI BEACH, FL 33140 | Mailing Address<br>542 ARTHUR GODFREY RD<br>MIAMI BEACH, FL 33140 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>02-0671170                                                                     | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent  
  
LORING, RONALD R  
542 ARTHUR GODFREY RD  
MIAMI BEACH, FL 33140

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

|                                                                                     |                                                                                                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                    |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LORING, RONALD R<br>907 N. SHORE DR.<br>MIAMI BEACH, FL 33141 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                    |

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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 another like empowered.

SIGNATURE: *Ronald R. Loring, O.D., P.A.* 1-27-06 305-534-3937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone