

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90001 033 ***150.00

DOCUMENT # P03000098966

1. Entity Name

JOHN F. TORREGROSA, DPM, PA, INC.



Principal Place of Business

1530 OCEAN BAY DRIVE VILLA 13
KEY LARGO, FL 33037

Mailing Address

1530 OCEAN BAY DRIVE VILLA 13
KEY LARGO, FL 33037

54018918



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

55-0846098

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

TORREGROSA, JOHN F
1530 OCEAN BAY DRIVE VILLA 13
KEY LARGO, FL 33037

7. Name and Address of New Registered Agent

Name

EDNA HOROWITZ

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

208 TIDE AVENUE

City

TAVERNIER

FL

33070

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 reappointing)

DATE

EDNA M HOROWITZ, Accountant

3/13/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME TORREGROSA, JOHN F
STREET ADDRESS 1530 OCEAN BAY DRIVE VILLA 13
CITY- ST- ZIP KEY LARGO, FL 33037

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY- ST- ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/04

Date

Daytime Phone #