

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90042 027 \*\*\*150.00

**DOCUMENT # P03000098966**

1. Entity Name  
**JOHN F. TORREGROSA, DPM, PA, INC.**



Principal Place of Business  
**13365 OVERSEAS HIGHWAY  
#104  
MARATHON, FL 33050**

Mailing Address  
**PO BOX 1199  
TAVERNIER, FL 33070**



2. Principal Place of Business  
**29986 Overseas Hwy.**

3. Mailing Address  
Suite, Apt. #, etc.

01162006 Chg-P CR2E034 (11/05)

City & State  
**BIG PINE KEY, FL**

City & State

4. FEI Number  
**55-0846098**

Applied For  
Not Applicable

Zip  
**33043**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**HOROWITZ, EDNA  
208 TIDE AVE.  
TAVERNIER, FL 33070**

## 7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**11 LAKESHORE DRIVE  
KEY LARGO, FL 33037**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 #

**1/25/06**