

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90096 019 ***150.00

20033982



DOCUMENT # P03000107993
 1. Entity Name
 EDUARDO R. LAZARO, D.M.D., P.A.



Principal Place of Business
 4842 JUNIPER DRIVE
 PALM HARBOR, FL 34685

Mailing Address
 4842 JUNIPER DRIVE
 PALM HARBOR, FL 34685

2. Principal Place of Business
 5108 Jewell Terrace
 Suite, Apt. #, etc.

3. Mailing Address
 5108 Jewell Terrace
 Suite, Apt. #, etc.

City & State
 Palm Harbor

City & State
 Palm Harbor

Zip
 34685

Country
 USA

Zip
 34685

Country
 USA

04052005 Chg-P CR2E034 (10/03)

4. FEI Number
 20-0206075

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

6. Name and Address of Current Registered Agent
 LAZARO, EDUARDO R
 4842 JUNIPER DRIVE
 PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent
 Name
 Lazaro Eduardo R.
 Street Address (P.O. Box Number is Not Acceptable)
 5108 Jewell Terrace
 City
 Palm Harbor FL Zip
 34685

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 DATE 4/8/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	LAZARO, EDUARDO R	<input type="checkbox"/> Delete	TITLE Lazaro, Eduardo R.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAZARO, EDUARDO R		NAME	5108 Jewell Terrace	
STREET ADDRESS	4842 JUNIPER DRIVE		STREET ADDRESS	Palm Harbor, FL	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	34685	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 the report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 4/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Eduardo R. Lazaro
 President