

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90020 022 \*\*\*150.00

**DOCUMENT # P04000161364**

1. Entity Name  
DR. AURORA PEREZ, O.D.P.A.



Principal Place of Business

6340 SW 24 ST  
MIAMI, FL 33155 US  
4250 Philips Hwy  
JACKSONVILLE, FL 32207

Mailing Address

12434 REMLER DR W  
JACKSONVILLE, FL 32223 US

40



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0551152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, AURORA  
6340 SW 24 ST  
MIAMI, FL 33155

PEREZ, AURORA  
12434 REMLER DR W  
JACKSONVILLE, FL 32223

**DO NOT WRITE  
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

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

AURORA PEREZ

(NOTE: Registered Agent signature required when reinstating)

04/23/08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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  
P  
PEREZ, AURORA  
12434 REMLER DR W  
JACKSONVILLE, FL 32223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 all other like empowered.

SIGNATURE

*Aurora Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AURORA PEREZ

04/23/08

DATE

(904) 707-3034

Daytime Phone #