

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000140638

**Entity Name:** SAUL TORRES, D.M.D., P.A.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4700 N. HABANA AVE SUITE 304  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4700 N. HABANA AVE SUITE 304  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 20-3635576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, SAUL  
8803 RIVERSCAPE WAY  
TAMPA, FL 33635 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: TORRES, SAUL  
Address: 4700 N. HABANA AVE SUITE 304  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAUL TORRES

DR

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date