


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90047 001 ***150.00

DOCUMENT # P06000013671	
1. Entity Name ELEMER MENDOZA, D.M.D., P.A.	

Principal Place of Business 2212 SAW PALMETO LANE APT. # 110 ORLANDO, FL 32825	Mailing Address 2212 SAW PALMETO LANE APT. # 110 ORLANDO, FL 32825
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2. Principal Place of Business - No P.O. Box # 2327 BLACK LAKE BLVD Suite, Apt. #, etc.	3. Mailing Address 2327 BLACK LAKE BLVD Suite, Apt. #, etc.
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City & State WINTER GARDEN FL	City & State WINTER GARDEN, FL
Zip 34787	Zip 34787
Country	Country

40005346



01132007 Chg-P CR2E034 (12/06)

-6. Name and Address of Current Registered Agent-		7. Name and Address of New Registered Agent	
MENDOZA, ELEMER 2212 SAW PALMETO LANE APT. # 110 ORLANDO, FL 32825		Name MENDOZA, ELEMER Street Address (P.O. Box Number is Not Acceptable) 2327 BLACK LAKE BLVD. City WINTER GARDEN FL Zip Code 34787	

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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES MENDOZA, ELEMER 2212 SAW PALMETO LANE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDOZA, ELEMER 2327 BLACK LAKE BLVD. WINTER GARDEN, FL 34787 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

ELEMER MENDOZA

1-13-07

(407) 921-0340

Date

Daytime Phone #