


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90075 023 \*\*\*150.00

<b>DOCUMENT # P06000134094</b> 1. Entity Name ELA M. TORRES-MOORE, D.M.D., P.A.					
Principal Place of Business 6702 HAYTER DRIVE LAKELAND, FL 33813			Mailing Address 6702 HAYTER DRIVE LAKELAND, FL 33813		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5883122	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MIDYETTE, III, WILLIAM M ESQ. 225 EAST LEMON ST., SUITE 300 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name <u>ELA M. TORRES-MOORE, D.M.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6702 Hayter DR</u> City <u>Lakeland</u> <u>FL</u> Zip Code <u>33813</u>		
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 <u>ELA TORRES-MOORE D.M.D. Pres.</u> <span style="float: right;">1/5/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TORRES-MOORE, ELA M D.M.D. 6702 HAYTER DRIVE LAKELAND, FL 33813		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <u>ELA TORRES-MOORE D.M.D. Pres</u> <span style="float: right;">1/5/08 863-559-6966</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					