2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089800

Entity Name: DR. LIDIA M PAZ DDS PA

FILED Mar 24, 2009 Secretary of State

	Principal Place	of Business:	New Principal Plac	e of Business:	
1420 SOU	JTH AUDUBON	1 DR	950 NORTH KROMI	E AVE.	
HOMESTEAD, FL 33035			SUITE # 201		
			HOMESTEAD, FL 3	3030	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1420 SOUTH AUDUBON DR HOMESTEAD, FL 33035				950 NORTH KROME AVE.	
HOIVIES I	EAD, FL 33030)	SUITE # 201 HOMESTEAD, FL 3	3030	
FEI Number	: 26-0864634	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	S, LIDIA M DR				
	JTH AUDUBON EAD, FL 33035				
IONILOTE	LAD, 1 L 33030) 03			
The above	e named entity	submits this statement for the r	ourpose of changing its registe	red office or registered agent, or both,	
	e of Florida.		anguage of one anguage		
SIGNATUI	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	Р ()) Delete	Title:	() Change () Addition	
Name:	PAZ, LIDIA M D		Name:		
Address:	1420 SOUTH A		Address:		
City-St-Zip:	HOMESTEAD,	FL 33035	City-St-Zip:		
		FL 33035) Delete	City-St-Zip: Title:	()Change ()Addition	
Title:) Delete		() Change () Addition	
Title: Name:	VP () Delete DR	Title:	() Change () Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LIDIA M. PAZ DR 03/24/2009