

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P07000130430

1. Entity Name

ERIC PEREZ, O.D., P.A.



FILED

**Mar 14, 2008 8:00 am
Secretary of State**

03-14-2008 90041 009 ***150.00

Principal Place of Business

2849 COLUMBUS AVE.
CLERMONT FL 34715

Mailing Address

2849 COLUMBUS AVE.
CLERMONT FL 34715

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3. 15161 Masthead Landing
Suite, Apt. #, etc.
Winter Garden, FL 34787

15161 Masthead Landing Cir
Suite, Apt. #, etc.
Winter Garden, FL

City & State

City & State

USA

34787

USA

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PEREZ, ERIC OD
2849 COLUMBUS AVE.
CLERMONT FL 34715

Name

Perez, Eric OD

Street Address (P.O. Box Number is Not Acceptable)

15161 Masthead Landing Cir
Winter Garden

34787

City

FL

Zip Code

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

E.O.D.

3/4/08

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

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 D Delete
NAME PEREZ, ERIC OD
STREET ADDRESS 2849 COLUMBUS AVE.
CITY-ST-ZIP CLERMONT FL 34715

TITLE Eric Perez, O.D. Change Addition
NAME
STREET ADDRESS 15161 Masthead Landing Cir
CITY-ST-ZIP Winter Garden, FL 34787

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

E.O.D.

Eric Perez

3/4/08

954-559-4384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #