

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000031185

1. Entity Name

MARIA M. EGUSQUIZA, D.M.D., P.A.



Principal Place of Business

1441 FOREST HILL BLVD.
#200
LAKE CLARKE SHORES, FL 33406

Mailing Address

1441 FOREST HILL BLVD.
#200
LAKE CLARKE SHORES, FL 33406



06192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0672013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EGUSQUIZA, MARIS M
1441 FOREST HILL BLVD.
#200
LAKE CLARKE SHORES, FL 33406

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IN THIS SPACE**

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
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME EGUSQUIZA, MARIA M
STREET ADDRESS 1441 FOREST HILL BLVD. SUITE 200
CITY-ST-ZIP LAKE CLARKE SHORES, FL 33406

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U000000567914
07/05/06-20001-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

MARIA M. EGUSQUIZA, D.M.D., P.A.

Date

Daytime Phone #

6/19/06 561-547-0505