


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90024 024 \*\*\*150.00

<b>DOCUMENT # P96000031185</b>	
1. Entity Name MARIA M. EGUSQUIZA, D.M.D., P.A.	

40035853

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
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2. Principal Place of Business - No P.O. Box # 2411 10th Ave N.	3. Mailing Address 2411 10th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33461	Zip 33461
Country	Country

02132008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0672013	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EGUSQUIZA, MARIA M 1441 FOREST HILL BLVD. #200 LAKE CLARKE SHORES, FL 33406	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EGUSQUIZA, MARIA M 1441 FOREST HILL BLVD. SUITE 200 LAKE CLARKE SHORES, FL 33406	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT 2411 10th Ave North Lake Worth, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Maria M. Egusquiza PRESIDENT 2/20/08 361-965-0292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #