

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90355 006 \*\*\*150.00

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04052005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000047181			
1. Entity Name JUDY MEJIDO, D.M.D., P.A.			
Principal Place of Business 11880 SW 40TH ST SUITE 302 MIAMI, FL 33175		Mailing Address 11880 SW 40TH ST SUITE 302 MIAMI, FL 33175	
2. Principal Place of Business 9560 SW 107th Ave Suite, Apt. #, etc. 206		3. Mailing Address 12181 SW 124 Court Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33176 Country US		Zip 33186 Country US	
4. FEI Number 65-0673886		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MEJIDO, JUDY 11880 SW 40 ST MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Mejido, Judy Street Address (P.O. Box Number is Not Acceptable) 12181 SW 124 Court City Miami FL Zip Code 33186	
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>Judy Mejido</u> DATE: <u>4/6/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVT MEJIDO, JUDY 11880 SW 40TH ST STE 302 MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mejido Judy 12181 SW 124 Court Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Judy Mejido</u>		DATE: <u>4/6/05</u> DAYTIME PHONE: <u>305-220-9050</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	