

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000072847

Entity Name: TAL MORR, D.M.D., P.A.

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

20760 W DIXIE HWY  
MIAMI, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20760 W DIXIE HWY  
MIAMI, FL 33180 US

**New Mailing Address:**

FEI Number: 65-0705835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORR, TAL DMD  
20760 W DIXIE HWY  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORR, TAL  
Address: 1039 VAN BUREN STREET  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

SIGNATURE: TAL MORR

PRES

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date