2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000091009

1. Entity Name

HARALDO J. OTERO, D.M.D., P.A.



FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1200 E ROBINSON STREET ORLANDO, FL 32801 1200 E ROBINSON STREET ORLANDO, FL 32801



04262004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-3420214

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OTERO-FLORES, HARALDO J 1200 E ROBINSON STREET ORLANDO, FL 32801

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ORLANDO, FL 32801				IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its regist	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar wi	th, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and bite t	t applicable (NOTE Regist	orod Agent signatur	e required when reinstalling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000144097 04/30/04-80117-025 150.00		
10.	OFFICERS AND DIREC	TORS .			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTERO-FLORES, HARALDO J DMD 1200 E ROBINSON STREET ORLANDO, FL 32801						
title Name Street address City-St-Zip				· · · —			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ı.	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby	certify that the information supplied with this fit	ing does not qualify for the e	xemption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the	e information	

12. I hereby certify that the information supplied with this living does not qualify for the exemption stated in Section 119.07(3)(i), Forida Statutes. I further certify that the information indicated on this report are 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:

NATURE AND YPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

(4-7) 874-- 84