

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000091009

1. Entity Name
HARALDO J. OTERO, D.M.D., P.A.



Principal Place of Business
1200 E ROBINSON STREET
ORLANDO, FL 32801

Mailing Address
1200 E ROBINSON STREET
ORLANDO, FL 32801

2. Principal Place of Business - No P.O. Box #
121 SOUTH ORANGE AVENUE

3. Mailing Address
121 SOUTH ORANGE AVENUE

Suite, Apt. #, etc.
SUITE 1400

Suite, Apt. #, etc.
SUITE 1400

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801

Country
ORANGE

Zip
32801

Country
ORANGE

03202008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name
OTERO-FLORES, HARALDO J
Street Address (P.O. Box Number is Not Acceptable)
121 SOUTH ORANGE AVENUE, SUITE 1400
City
ORLANDO FL Zip Code
32801

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME OTERO-FLORES, HARALDO J DMD ☐ Delete
STREET ADDRESS 1200 E ROBINSON STREET
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME OTERO-FLORES, HARALDO J DMD
STREET ADDRESS 121 SOUTH ORANGE AVENUE, SUITE 1400
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME 200129448543 ☐ Addition
STREET ADDRESS 05/14/08--01024--006 **288.75
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

KS