




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000060709 <small>1. Entity Name</small> JULIA B. PIZARRO, D.M.D., P.A.							
<small>Principal Place of Business</small> 2762-B TAMiami TrL. PT. CHARLOTTE, FL		<small>Mailing Address</small> 2762-B TAMiami TrL. PT. CHARLOTTE, FL					
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.		<small>3. Mailing Address</small> Suite, Apt. #, etc.		 01292004 Chg-P CR2E034 (10/03)			
<small>City & State</small>		<small>City & State</small>					
<small>Zip</small>		<small>Zip</small>					
<small>Country</small>		<small>Country</small>		<small>4. FEI Number</small> 65-0775494 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Applied For</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Not Applicable</td> </tr> </table>		<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Applied For							
<input type="checkbox"/> Not Applicable							
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required				<small>6. Name and Address of Current Registered Agent</small> PIZARRO, JULIA B 2762-B TAMiami TrL. PT. CHARLOTTE, FL			
<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				<small>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</small>			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-filing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees		U00000060428 02/23/04-80039-011 150.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D PIZARRO, JULIA B 2762-B TAMiami TrL. PT. CHARLOTTE, FL	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Julia B. Pizarro		2/20/04	941-629-1804		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			