

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000071035	
1. Entity Name ELIZABETH LAQUIDARA, PH.D., P.A.	



Principal Place of Business 7300 WEEST CAMINO REAL SUITE #238 BOCA RATON, FL 33433 US	Mailing Address 7040 WEST PALMETTO PARK ROAD SUITE #4 PMB 294 BOCA RATON, FL 33433 US
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04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAQUIDARA, ELIZABETH 7300 WEST CAMINO REAL #238 BOCA RATON, FL 33433	
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DO NOT WRITE IN THIS SPACE

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: Elizabeth Laquidara DATE: 4-29-05

Signature, typed or printed name of registered agent available if applicable. (NONE) Registered Agent signature required when consistent.

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"/>	\$6.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD LAQUIDARA, ELIZABETH PH.D 7300 W CAMINO ROAD #238 BOCA RATON, FL 33433
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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 807, 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: Elizabeth Laquidara DATE: 4-29-05 561-416-2338

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR Date Certificate Filed