


**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90254 049 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000103922</b> 1. Entity Name DR. ESPINOZA & ASSOCIATES, PA	
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Principal Place of Business DORAL EYE CENTER 10445 NW 41ST MIAMI, FL 33178	Mailing Address DORAL EYE CENTER 10445 NW 41ST MIAMI, FL 33178
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**DO NOT WRITE IN THIS SPACE**

40060706



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0788554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent  ESPINOZA, LORI <del>9740 NW 48TH TERR</del> 10445 NW 41ST ST <del>MIAMI, FL 33178</del> MIAMI FL 33178	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPINOZA, LORI <del>9740 NW 48TH TERR</del> 10445 NW 41ST ST <del>MIAMI, FL 33178</del> MIAMI FL 33178
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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)(i), 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: <u>Dr. L. Espinoza</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	02/14/05 305406340 Date Daytime Phone #
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