


2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/:

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-05-2008 90232 003 ***150.00

DOCUMENT # P98000107293					
1. Entity Name ELEANOR APODACA, D.D.S., P.A.					
Principal Place of Business 17521 N DALE MABRY HWY LUTZ, FL 33548			Mailing Address 16528 N DALE MABRY HWY TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3547266				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 SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Walter Sanders</i>		SIGNATURE: <i>Walter Sanders</i>		DATE: <i>4/30/08</i>	
Signature, typed or printed name of registered agent, and title if applicable		(NOTE: Registered Agent signature required when reissuing)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<i>N/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APODACA, ELEANOR		NAME	<i>Apodaca, Eleanor</i>	
STREET ADDRESS	2910 BUSCH LAKE BLVD., SUITE A		STREET ADDRESS	<i>17521 N. Dale Mabry Hwy</i>	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	<i>Lutz, Florida 33548</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Eleanor Apodaca</i>		SIGNATURE: <i>Eleanor Apodaca</i>		DATE: <i>4/30/08</i>	
Signature and typed or printed name of signing officer or director				Date	

66013199



01182008 Chg-P CR2E034 (12/06)



ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2008

66013199

ELEANOR APODACA, D.D.S., P.A.
16528 N DALE MABRY HWY
TAMPA, FL 33618

Subject: ELEANOR APODACA, D.D.S., P.A.

Reference Number: P98000107293

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION

There is only one Director. She is also the President, Vice President, Secretary and Treasurer all wrapped up in one. She was and still is listed with her new street address

P.O. BOX 6327 - Tallahassee, Florida 32314