

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000022768

1. Entity Name

ENRIQUE LOPEZ-MOSCOSO, M.D., P.A.



Principal Place of Business

601 NORTH CONGRESS AVENUE
SUITE 403
DELRAY BEACH, FL 33445

Mailing Address

601 NORTH CONGRESS AVENUE
SUITE 403
DELRAY BEACH, FL 33445



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0904144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOPEZ-MOSCOSO, ENRIQUE
601 NORTH CONGRESS AVENUE SUITE 403
SUITE 403
DELRAY BEACH, FL 33445

**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

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, 2006 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 LOPEZ-MOSCOSO, ENRIQUE M.D.
STREET ADDRESS 601 NORTH CONGRESS AVENUE SUITE 403
CITY-ST-ZIP DELRAY BEACH, FL 33445

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U000000527118
05/04/06-80099-020 150.00

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IN THIS SPACE**

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

4/20/06

Daytime Phone #

(561) 272-1618