


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90030 036 \*\*\*150.00

<b>DOCUMENT # P99000022768</b> 1. Entity Name ENRIQUE LOPEZ-MOSCOSO, M.D., P.A.	
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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
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**60027865**



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03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0904144	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LOPEZ-MOSCOSO, ENRIQUE 601 NORTH CONGRESS AVENUE SUITE 403 SUITE 403 DELRAY BEACH, FL 33445	<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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ-MOSCOSO, ENRIQUE M.D. 601 NORTH CONGRESS AVENUE SUITE 403 DELRAY BEACH, FL 33445
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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:** *Enrique Lopez-Moscoso* **3/21/07** *(561) 272-1618*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #