

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000010804

**Entity Name:** ENRIQUE M. OCHOA, D.D.S., P.A.

**Current Principal Place of Business:**

3501 DEL PRADO BLVD  
SUITE 209  
CAPE CORAL, FL 33904-7211

**Current Mailing Address:**

3501 DEL PRADO BLVD  
SUITE 209  
CAPE CORAL, FL 33904-7211

**FEI Number:** 65-0812285

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OCHOA, ENRIQUE MDDS  
3501 DEL PRADO BLVD  
SUITE 209  
CAPE CORAL, FL 33904-7211 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            OCHOA, ENRIQUE M  
Address        3501 DEL PRADO BLVD  
City-State-Zip: CAPE CORAL FL 33904-7211

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ENRIQUE M. OCHOA

**DIRECTOR/OWNER**

**04/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date