

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000044270

**FILED**  
**May 13, 2010**  
**Secretary of State**

**Entity Name:** SANDRA LAWRENCE M. D., P. A.

**Current Principal Place of Business:**

10903 TEA OLIVE LN  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

10903 TEA OLIVE LN  
BOCA RATON, FL 33498

**New Mailing Address:**

**FEI Number:** 65-1013279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAWRENCE, SANDRA MD., PA  
10903 TEA OLIVE LN  
BOCA RATON, FL 33498 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LAWRENCE, SANDRA  
Address: 10903 TEA OLIVE LN  
City-St-Zip: BOCA RATON, FL 33498

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:** SANDRA LAWRENCE

DIRE

05/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date