

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000100537

**Entity Name:** LYNN L. SCHRAM, PH.D, PA.

**FILED**  
**Jun 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4300 ALTON RD  
MIAMI BEACH, FL 331402840

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 832228  
MIAMI, FL 332832228

**New Mailing Address:**

**FEI Number:** 27-0033042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHRAM, PATRICIA A  
1459 CASTLE PINES CIRCLE  
ST. AUGUSTINE, FL 32092 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHRAM, LYNN L PHD  
Address: 469 SW 3RD STREET  
City-St-Zip: MIAMI, FL 33173

Title: VP  
Name: SCHRAM, PATRICIA A  
Address: 1459 CASTLE PINES CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 320922840

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: PATRICIA A SCHRAM

VP

06/20/2011

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

\_\_\_\_\_  
Date