


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000000090**

1. Entity Name  
 ALVIN D. LODISH, P.A.



Principal Place of Business      Mailing Address

200 S. BISCAYNE BLVD., SUITE 2500      200 S. BISCAYNE BLVD., SUITE 2500  
 MIAMI, FL 33131      MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



02272008      No Chg-P      CR2E034 (11/05)

4. FEI Number 65-0806745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LODISH, ALVIN D  
 200 SOUTH BISCAYNE BLVD.  
 SUITE 2500  
 MIAMI, FL 33131-2336

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	00000851337 03/25/08-80035-012 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LODISH, ALVIN D 200 S. BISCAYNE BLVD. STE. 2500 MIAMI, FL 331312338
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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:** Alvin D. Lodish      Alvin Lodish      3/3/08      305-374-2580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #