2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000018373

1. Entity Name
LAUREN LUCAS, PH.D., P.A.

Principal Place of Business	Mailing Address
3100 UNIVERSITY BOULEVARD SOUTH 122 JACKSONVILLE, FL 32216	3100 UNIVERSITY BOULEVARD SOUTH 122 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3558751	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS HOFFMAN, LAUREN
3100 UNIVERSITY BOULEVARD SOUTH
122
JACKSONVILLE, FL 32216

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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_____

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

FILE NOW!!! FEE IS $150.00 After May 1, 2005 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	LUCAS HOFFMAN, LAUREN
STREET ADDRESS	8277 RIDING CLUB ROAD EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

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01/19/05-80011-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Lauren Lucas Hoffman_   Lauren Lucas Hoffman   1/6/05   (904) 725-2008

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