


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90187 024 \*\*\*150.00

<b>DOCUMENT #</b> P94000093360	
<b>1. Entity Name</b> LANA M. STERN, PH.D., P.A.	

<b>Principal Place of Business</b> LANA M STERN PHD PA 1450 MADRUGA AVE, STE 310 CORAL GABLES FL 33146	<b>Mailing Address</b> LANA M STERN PHD PA 1450 MADRUGA AVE, STE 310 CORAL GABLES FL 33146
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

<b>4. FEI Number</b> 65-0550055	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
<del>STERN, LANA M</del> <del>2121 PONCE DE LEON BLVD</del> <del>SUITE 440</del> <del>CORAL GABLES FL 33134</del>	
<b>7. Name and Address of New Registered Agent</b>	
Name Street Adc <b>LANA M. STERN, PH.D., P.A.</b> 1450 MADRUGA AVENUE, SUITE 310 CORAL GABLES, FLORIDA 33146 City Zip Code	

**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** *Lana M Stern* **4/17/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires when resigning) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
 Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STERN, LANA M 1450 MADRUGA AVE, STE 310 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Lana M Stern* **LANA M STERN, PRES** **4/17/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #