

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 547842 (5)

1. Corporation Name

LEE ALAN BRICKER, M.D., P.A.



Principal Place of Business

Mailing Address

~~87 IRONWEED DR.~~  
~~PUEBLO CO 61001~~

21 DUKES LANE  
LINCOLNSHIRE, IL  
60069

~~87 IRONWEED DR.~~  
~~PUEBLO CO 61001~~

21 DUKES LANE  
LINCOLNSHIRE, IL  
60069

2. Principal Place of Business

21 DUKES LANE

Suite, Apt. #, etc.

22

City & State

LINCOLNSHIRE IL

Zip 60069

Country USA

2a. Mailing Address

21 DUKES LANE

Suite, Apt. #, etc.

27

City & State

LINCOLNSHIRE, IL

Zip 60069

Country USA

3. Date Incorporated or Qualified

10/01/1977

3a. Date of Last Report

04/19/1995

4. FEI Number

59-1771081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRICKER, LEE ALAN  
9561 SUNRISE LAKES BLVD.  
BLDG 125 UNIT 104  
SUNRISE LAKES FL 33322

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Lee A. Bricker*

LEE A. BRICKER

(NOTE: Registered Agent signature required when reinstating)

4-14-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BRICKER, LEE ALAN  
STREET ADDRESS 87 IRONWEED DR.  
CITY-ST-ZIP PUEBLO CO ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME BRICKER, LEE ALAN  
1.3 STREET ADDRESS 21 DUKES LANE  
1.4 CITY-ST-ZIP LINCOLNSHIRE, IL 60069 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lee A. Bricker*

LEE A. BRICKER

4-14-96 (708) 268-6244

Date

Daytime Phone #

CR2E034 (12/95)