

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90121 018 ***158.75

20027383



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2099020	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LINCOLN, TIMOTHY C ESQ.
DOWNTOWN LEGAL CENTER
46 NE 6TH ST.
MIAMI, FL 33132

**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 _____
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 PD
NAME PEARCE, M. LEE MD.
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE ST
NAME MUDD, JOHN
STREET ADDRESS 5601 N DIXIE HWY STE 420
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE ST
NAME Lincoln, Timothy C.
STREET ADDRESS 46 N.E. 6th Street
CITY-ST-ZIP Miami, FL 33132

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Timothy C. Lincoln
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

(305) 755-9295

Daytime Phone #