


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 589662</b> 1. Entity Name M. LEE PEARCE, M.D., P.A.		
Principal Place of Business AMERICAN MEDICAL PLAZA 11880 BIRD ROAD SUITE 203 MIAMI, FL 33175 US		Mailing Address AMERICAN MEDICAL PLAZA 11880 BIRD ROAD SUITE 203 MIAMI, FL 33175 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LINCOLN, TIMOTHY C ESQ. DOWNTOWN LEGAL CENTER 46 NE 6TH ST. MIAMI, FL 33132		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARCE, M. LEE MD. 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE, FL 33334	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LINCOLN, TIMOTHY G 46 NE 6TH STREET MIAMI, FL 33132	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 807, 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: <u>Timothy C. Lincoln</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Timothy C. Lincoln, Secretary <small>Date</small> <u>4/17/06</u> <small>Daytime Phone #</small>



02202006 No Chg-P CR2E034 (11/05)

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

U00000535244  
05/08/06-80044-023 158.75

**DO NOT WRITE  
IN THIS SPACE**