

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 589662

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: M. LEE PEARCE, M.D.,P.A.

## Current Principal Place of Business:

22 LAGORCE CIR.  
MIAMI BEACH, FL 33141 US

## New Principal Place of Business:

16 LAGORCE CIR.  
MIAMI BEACH, FL 33141 US

## Current Mailing Address:

22 LAGORCE CIR.  
MIAMI BEACH, FL 33141 US

## New Mailing Address:

16 LAGORCE CIR.  
MIAMI BEACH, FL 33141 US

FEI Number: 59-2099020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PEARCE, M. LEE MD.  
Address: 5601 NORTH DIXIE HIGHWAY SUITE 420  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: ST ( ) Delete  
Name: LINCOLN, TIMOTHY G  
Address: 46 NE 6TH STREET  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PEARCE, M. LEE MD.  
Address: 5601 NORTH DIXIE HIGHWAY SUITE 411  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. LEE PEARCE, M.D.

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date