

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 22, 2004 08:00 AM  
Secretary of State

DOCUMENT # 612664

1. Entity Name  
RICHARD A. LYNN, M.D., P.A.



Principal Place of Business

1411 N FLAGLER DR  
1411 N FLAGLER DR, #9700  
WEST PALM BEACH, FL 33401-3404 US

Mailing Address

1411 N FLAGLER DR  
1411 N FLAGLER DR, #9700  
WEST PALM BEACH, FL 33401-3404 US



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1905859

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LYNN, RICHARD A.  
1411 N FLAGLER DR, STE. 9700  
WEST PALM BEACH, FL 33401

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LYNN, RICHARD A.
STREET ADDRESS	1411 N FLAGLER DR, STE. 9700
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000124772  
04/22/04-80058-007 158.75

DO NOT WRITE  
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 registered agent 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:

*Richard A. Lynn* 4/15/04 5616551877