2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 612664

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

Principal Place of Business	Mailing Address
1411 N FLAGLER DR 1411 N FLAGLER DR, #9700 WEST PALM BEACH, FL 33401-3404 US	1411 N FLAGLER DR 1411 N FLAGLER DR, #9700 WEST PALM BEACH, FL 33401-3404 US

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02222005 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

6. Name and Address of Current Registered Agent

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

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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 Richard A. Lynn MD PA 3/7/05
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

U00000258650
03/10/05-80049-013 150.00

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Richard A. Lynn MD PA 3/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #