


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90002 012 \*\*\*158.75

<b>DOCUMENT # 626115</b> 1. Entity Name LILA SEGADE-LUGARO, M.D., P.A.					
Principal Place of Business 3230 SUNRISE DRIVE SEBRING, FL 33872 US <i>new office ↓</i>			Mailing Address 3230 SUNRISE DRIVE SEBRING, FL 33872 US		
2. Principal Place of Business 125 W. CENTER AV Suite, Apt. #, etc.		3. Mailing Address 125 W CENTER AV Suite, Apt. #, etc.			
City & State SEBRING FL		City & State SEBRING FL		4. FEI Number 59-1934631	
Zip 33870		Country HIGHLANDS		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SEGADE-LUGARO, LILA, M.D. 3230 SUNRISE DRIVE SEBRING, FL 33872 <div style="position: absolute; left: 300px; top: 40px; font-size: 2em; opacity: 0.5;">(HOME)</div>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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: <i>Segadem</i> DATE: 5/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS SEGADE-LUGARO, LILA, M.D. 3230 SUNRISE DRIVE SEBRING, FL 33872		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Segadem</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/27/05 Daytime Phone #: 863 381-9720		