


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT-# 632157</b> 1. Entity Name ALAN LICHSTRAHL, M.D., P.A.	
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Principal Place of Business 2100 E. HALLANDALE BCH. BLVD., STE. #302 HALLANDALE, FL 33009	Mailing Address 2100 E. HALLANDALE BCH. BLVD., STE. #302 HALLANDALE, FL 33009
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**DO NOT WRITE IN THIS SPACE**



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1919854	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  OSHINSKY, LEONARD, ESQUIRE 1150 E HALLANDALE BCH BLVD S-A HALLANDALE, FL 33009	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LICHSTRAHL, ALAN 2100 E HALLANDALE BCH BV HALLANDALE, FL
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100000249416  
03/03/05-200002-004 150.00

**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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	✓ 2/28/05 18544689 Date Daytime Phone #
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