

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90053 050 ***150.00

DOCUMENT # 632157

1. Entity Name
ALAN LICHSTRAHL, M.D., P.A.



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**

4001100



DO NOT WRITE IN THIS SPACE

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1919854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OSHINSKY, LEONARD, ESQUIRE
1150 E HALLANDALE BCH BLVD
S-A
HALLANDALE, FL 33009**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LICHSTRAHL, ALAN
2100 E HALLANDALE BCH BV
HALLANDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

6/14/06
Date

(954) 456-8900
Daytime Phone #