

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 27, 2008 08:00 AM  
Secretary of State

DOCUMENT # 689375

1. Entity Name  
D. BARRY LOTMAN M.D., P.A.



Principal Place of Business

210 JUPITER LAKES BLVD  
BLDG 3000 SUITE 102  
JUPITER, FL 33458

Mailing Address

210 JUPITER LAKES BLVD  
BLDG 3000 SUITE 102  
JUPITER, FL 33458



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2042704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOTMAN, D BARRY, M D  
210 JUPITER LAKES BLVD  
BLDG 3000 SUITE 102  
JUPITER, FL 33458

**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, 2008 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	PSD LOTMAN, D BARRY 210 JUPITER LAKES BLVD BLDG 3000 STE 102 JUPITER, FL 33458
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000000841045  
03/10/08-80001-010 150.00

**DO NOT WRITE  
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 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: *D. Barry Lotman, M.D., P.A.* 2-25-08 561-747-2322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #