

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693346

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** ALAN M. LAZAR, M.D., P.A.

**Current Principal Place of Business:**

350 NW 84TH AVE  
SUITE 206  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

350 NW 84TH AVE  
SUITE 206  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 59-2101768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAZAR, ALAN M.  
350 NW 84TH AVENUE  
SUITE 206  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LAZAR, ALAN M, MD  
**Address:** 350 NW 84TH AVE-SUITE 206  
**City-St-Zip:** PLANTATION, FL 33324

**Title:** PRES  
**Name:** LAZAR, ALAN M, MD  
**Address:** 350 NW 84TH AVE-SUITE 206  
**City-St-Zip:** PLANTATION, FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALAN M LAZAR

PRES

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date