2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H03708

1. Entity Name
LISA C. TUMARKIN, M.D., P.A.

Principal Place of Business	Mailing Address
6440 NEWBERRY RD., STE. 405 C/O TUMARKIN, LISA GAINESVILLE, FL 32605 US	6440 NEWBERRY RD., STE. 405 C/O TUMARKIN, LISA GAINESVILLE, FL 32605 US

01262004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-2410908		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TUMARKIN, LISA, C, MD
6440 NEWBERRY RD., STE 405
GAINESVILLE, FL 32605

**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 _____ *Lisa Tumarkin*   4-20-04

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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PTS
NAME	TUMARKIN, LISA, C, MD
STREET ADDRESS	6440 NEWBERRY RD STE 405
CITY-ST-ZIP	GAINESVILLE, FL

U00000159778
05/11/04-80002-005 150.00

TITLE	
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IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ *Lisa Tumarkin*   4/20/04   352-333-5105