

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/1

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-06-2008 90036 050 ***150.00

DOCUMENT # H08099 1. Entity Name RICHARD LOHMANN, M.D., P.A.	
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Principal Place of Business 9980 CENTRAL PARK BLVD., N. STE. 114 BOCA RATON, FL 33428	Mailing Address 9980 CENTRAL PARK BLVD., N. STE. 114 BOCA RATON, FL 33428
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02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

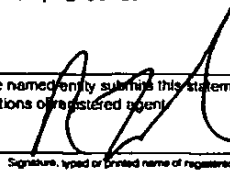
4. FEI Number 59-2450770	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOHMANN, RICHARD K.
9980 CENTRAL PARK BLVD., NORTH S-114
BOCA RATON, FL 33428

**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  2/27/08 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

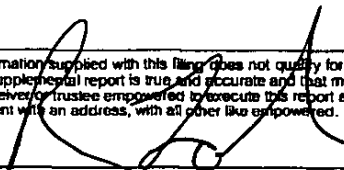
**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	PSV LOHMANN, RICHARD, M.D. 9980 CENTRAL PARK BLVD N BOCA RATON, FL
TITLE NAME STREET ADDRESS 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 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 power like empowered.

SIGNATURE:  3/17/08 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR