

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H82849

FILED
Mar 02, 2005
Secretary of State

Entity Name: MARK BARRY LEFKOWITZ, PH.D., PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

% LINCOLN GARDENS OFFICE PARK
2901 WEST BUSCH BOULEVARD-SUITE 301
TAMPA, FL 33618

New Principal Place of Business:

LINCOLN GARDEN
2901 WEST BUSCH BOULEVARD-SUITE 301
TAMPA, FL 33618

Current Mailing Address:

% LINCOLN GARDENS OFFICE PARK
2901 WEST BUSCH BOULEVARD-SUITE 301
TAMPA, FL 33618

New Mailing Address:

LINCOLN GARDEN
2901 WEST BUSCH BOULEVARD-SUITE 301
TAMPA, FL 33618

FEI Number: 59-2624820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, JOANN B
5202 BLANE DRIVE
TEMPLE TERRACE, FL 33617 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 () Delete
Name: LEFKOWITZ, MARK BARR, Y
Address: 2901 W BUSCH BLVD #301
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARK BARRY LEFKOWITZ, PH.D.

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03/02/2005

Electronic Signature of Signing Officer or Director

Date