


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K11216
 1. Entity Name
 LANCE P. RAIFFE, M.D., P.A.



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| Principal Place of Business 4302 ALTON ROAD SUITE 620 MIAMI BEACH, FL 33140 | Mailing Address 4302 ALTON ROAD SUITE 620 MIAMI BEACH, FL 33140 |
|--|--|



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 65-0020925 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 RAIFFE, LANCE P M.D.
 4302 ALTON ROAD
 SUITE 620
 MIAMI BEACH, FL 33140

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000399487
 02/01/06-80013-022 150.00

10. OFFICERS AND DIRECTORS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO RAIFFE, LANCE P.,M.D. 4302 ALTON ROAD, 620 MIAMI BEACH, FL 33140 |
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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, trustee, or other person 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, an address, with all other like empowered.

SIGNATURE: _____ **1-20-06** **325 538 8656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #