

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L35115

FILED
Feb 15, 2006
Secretary of State

Entity Name: LISA D. ZACK, M.D., P.A.

Current Principal Place of Business:

%LISA D. ZACK
801 ANCHOR RODE DR #100
NAPLES, FL 341032741 US

New Principal Place of Business:

LISA D. ZACK MD PA
801 ANCHOR RODE DR #100
NAPLES, FL 34103 US

Current Mailing Address:

%LISA D. ZACK
801 ANCHOR RODE DR #100
NAPLES, FL 341032741 US

New Mailing Address:

LISA D. ZACK MD PA
801 ANCHOR RODE DR #100
NAPLES, FL 34103 US

FEI Number: 65-0156881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZACK, LISA D.
801 ANCHOR RODE DR #100
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

ZACK, LISA D MD
801 ANCHOR RODE DR #100
NAPLES, FL 34103 US

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: LISA D ZACK MD

02/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZACK, LISA D.,
Address: 801 ANCHOR RODE DR #100
City-St-Zip: NAPLES, FL 341032741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ZACK, LISA D MD
Address: 801 ANCHOR RODE DR #100
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LISA D ZACK MD

DR

02/15/2006

Electronic Signature of Signing Officer or Director

Date