

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M55677

1. Entity Name
JEFFREY A. LOMAN M.D. P.A.



Principal Place of Business

**9195 SUNSET DRIVE
SUITE 210
MIAMI, FL 33173-3488**

Mailing Address

**9195 SUNSET DRIVE
SUITE 210
MIAMI, FL 33173-3488**

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FCI Number
59-2830200

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOMAN, JEFFREY A.
9195 SUNSET DRIVE
SUITE 210
MIAMI, FL 33173**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	LOMAN, JEFFREY A.
STREET ADDRESS	9195 SUNSET DR STE 210
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	LOMAN, JEFFREY A.
STREET ADDRESS	9195 SUNSET DRIVE, STE 210
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000299582
04/11/05-80116-001 150.00

U00000299582
04/11/05-80116-002 8.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 I/we empowered.

SIGNATURE:

Jeffrey A. Loman
Jeffrey A. Loman

Date

Daytime Phone #

4/04/2005 305/271-9065