


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M55677</b>	
1. Entity Name <b>JEFFREY A. LOMAN M.D. P.A.</b>	

Principal Place of Business <b>9195 SUNSET DRIVE SUITE 210 MIAMI, FL 33173-3488</b>	Mailing Address <b>9195 SUNSET DRIVE SUITE 210 MIAMI, FL 33173-3488</b>
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04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI 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  <b>LOMAN, JEFFREY A. 9195 SUNSET DRIVE SUITE 210 MIAMI, FL 33173</b>
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**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

UN00000501679  
04/25/06-80070-013 8.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LOMAN, JEFFREY A. 9195 SUNSET DR STE 210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMAN, JEFFREY A. 9195 SUNSET DRIVE, STE 210 MIAMI, FL
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UN00000501678  
04/25/06-80070-014 150.00

**DO NOT WRITE  
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-06 305-271-9065