

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90026 001 ***150.00

02-26-2008 90026 002 *****8.75

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

bbUU1DUU



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2830200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

2/15/08 6052419005