

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001026

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** LAPSE INCORPORATED

**Current Principal Place of Business:**

3801 N FEDERAL HWY  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

3801 N FEDERAL HWY  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAUDIOSI, JOHN  
3801 N FEDERAL HWY  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: GAUDIOSI, JOHN ESQ  
Address: 3801 N FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD  
Name: BRUCE, JOCELYN M.D.  
Address: 3801 N FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD  
Name: SZESNAT, CHRISTINE  
Address: 3801 N FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD  
Name: MAHONEY, ROBERT  
Address: 3801 N FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN GAUDIOSI

PCD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date