2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# P00000013331

Entity Name: SONYA D. LEWIS, D.M.D., P.A.

Current Principal Place of Business:

475 BILTMORE WAY
301
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

475 BILTMORE WAY
301
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1006729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, SONYA
475 BILTMORE WAY STE 301
MIAMI, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: LEWIS, JERRY JR
Address: PO BOX 852
City-St-Zip: BURLINGTON, MA 01803

Title: VD ( ) Delete
Name: LEWIS, DOLORES
Address: 10252 SW 12TH STREET
City-St-Zip: HOLLYWOOD, FL 33025

Title: STD ( ) Delete
Name: LEWIS, JERRY
Address: 10252 SW 12TH STREET
City-St-Zip: HOLLYWOOD, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: LEWIS, JERRY JR
Address: 10252 SW 12TH STREET
City-St-Zip: HOLLYWOOD, FL 33025

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SONYA D. LEWIS, DMD PRES 01/08/2004

Electronic Signature of Signing Officer or Director — Date