

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013331

FILED  
Apr 12, 2007  
Secretary of State

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

## Current Principal Place of Business:

475 BILTMORE WAY  
301  
CORAL GABLES, FL 33134

## Current Mailing Address:

475 BILTMORE WAY  
301  
CORAL GABLES, FL 33134

## New Principal Place of Business:

10400 GRIFFIN RD  
303  
COOPER CITY, FL 33328

## New Mailing Address:

10400 GRIFFIN RD  
303  
COOPER CITY, FL 33328

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:

LEWIS, SONYA  
10400 GRIFFIN RD  
COOPER CITY, FL 33328 US

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: SONYA D LEWIS, DMD

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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

DENT

04/12/2007

Electronic Signature of Signing Officer or Director

Date