## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P00000041395** 1. Entity Name MARK A. LOMBARDO, D.P.M., P.A.



Principal Place of Business

1151 BLACKWOOD AVE

**SIGNATURE:** 

Mailing Address

1151 BLACKWOOD AVE

**FILED** Jan 31, 2008 08:00 AN Secretary of State

SUITE 120 OCOEE, FL							
D	O NOT WRITE II	CE	01182008 4. FEI Numb 59-364	No Chg-P		34 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Regis		<u> </u>				
159 LOOK RUBINO &	NICHOLAS ESQ OUT PL STE 101 ASSOCIATES ), FL 32751	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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				00 May Be ad to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DR LOMBARDO, MARK A 1151 BLACKWOOD AVE. SUITE 120 OCOEE, FL 34761						
NAME STREET ADDRESS CITY-ST-ZIP					000000 02/06/08-1	806521 80046	3 -007 150.00
NAME STREET ADDRESS CHY-SI-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			IN .	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i i j			* * * *			
12. I hereby of indicated of the correctanged,	certify that the information supplied with this f on this report or supplemental report is true a poration or the receiver or three empowers or on an attachment wiff produces. The all	iling does not qualify for the exe and accurate and that my signat d to execute this report as requir Fother file empowered.	imptions contained ure shall have the ed by Chapter 607	d in Chapter 119 same legal effect 7, Florida Statute	), Florida Statutes. I f it as if made under or es; and that my name	urther certath; that I appears	ify that the information am an officer or director n Block 10 or Block 11 if