


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000044432</b> 1. Entity Name <b>LISA HOFSTAD, D.M.D. &amp; ASSOCIATES, P.A.</b>	
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Principal Place of Business <b>829 E PALMETTO PARK RD BOCA RATON, FL 33432</b>	Mailing Address <b>829 E PALMETTO PARK RD BOCA RATON, FL 33432</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HOFSTAD, LISA D.M.D.  
829 E PALMETTO PARK RD  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST HOFSTAD, LISA D.M.D. 829 E PALMETTO PARK RD BOCA RATON, FL 33432</b>
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05/24/05-80007-003 550.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Lisa Hofstad** **5-18-05** **850 294 9098**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #