

FILED
Apr 18, 2008 08:00 AM
Secretary of State

1. Entity Name
LISA A. UTSEY, M.D., P.A.



Mailing Address
521 WEST SR 434
307
LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FBI Number
59-3666765

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

UTSEY, LISA A
1316 AUGUSTA NATIONAL BLVD
WINTER SPRINGS, FL 32708

**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 NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
- Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U00000905928
05/02/09-80002-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	UTSEY, LISA A
STREET ADDRESS	1316 AUGUSTA NATIONAL BLVD
CITY - ST - ZIP	WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
-STREET ADDRESS
CITY - ST - ZIP

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone ■