FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90186 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80087882

DOCUMENT # P01000041913

1. Entity Name
LORI SAWYER-LYONS, PSY.D., P.A.

Principal Place of Business	Mailing Address
9645 E TREETOPS COURT DAVIE, FL 33328	9645 E TREETOPS COURT DAVIE, FL 33328

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6221 Appaloosa Trail	6221 Appaloosa Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: S.W. Ranches	City & State: S.W. Ranches
Zip: 33330 Country: U.S.A.	Zip: 33330 Country: U.S.A.

4. FEI Number: 65-0836417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SAWYER-LYONS, LORI
9645 E TREETOPS COURT
DAVIE, FL 33328

7. Name and Address of New Registered Agent
Name: Lori Sawyer-Lyons
Street Address (P.O. Box Number is Not Acceptable): 6221 Appaloosa Trail
City: S.W. Ranches FL Zip Code: 33330

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] DATE: 4/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAWYER-LYONS, LORI 9645 E TREETOPS COURT DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6221 Appaloosa Trail S.W. Ranches, FL 33330	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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] 4/13/03 954-252-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #