


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90045 014 \*\*\*150.00

**DOCUMENT # P01000042970**

1. Entity Name  
 LOUIS STERN, M.D., P.A.



Principal Place of Business 2909 N ORANGE AVENUE #104 ORLANDO FL 32804	Mailing Address 2909 N ORANGE AVENUE #104 ORLANDO FL 32804
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2. Principal Place of Business 117 W. UNDERWOOD ST Suite, Apt. #, etc. SUITE A	3. Mailing Address 117 W. UNDERWOOD ST Suite, Apt. #, etc. SUITE A
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1st MOORE CR2E034 (10/05)

City & State ORLANDO, FLA	City & State ORLANDO, FL	4. FEI Number 59-3718502	Applied For Not Applicable
Zip 32806	Country U.S.A.	Zip 32806	Country U.S.A.

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

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M  
 430 N. MILLS AVENUE  
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 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

TITLE D	NAME STERN, LOUIS M.D.	STREET ADDRESS 2909 N ORANGE AVENUE, #104	CITY-ST-ZIP ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE D	NAME STERN, LOUIS M.D.	STREET ADDRESS 117 W. UNDERWOOD ST, SUITE A	CITY-ST-ZIP ORLANDO, FLA 32806	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Louis Stern MD 2/3/06 407-843-8490