

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106429

FILED
Mar 29, 2005
Secretary of State

Entity Name: LISA SHARF, M.S.N., A.R.N.P., C.S., P.A.

Current Principal Place of Business:

2861 NE 185TH ST SUITE 303
AVENTURA, FL 33180

New Principal Place of Business:

5979 NW 151 ST.
212
MIAMI LAKES, FL 33014

Current Mailing Address:

2861 NE 185TH ST SUITE 303
AVENTURA, FL 33180

New Mailing Address:

90 EDGEWATER DR.
514
CORAL GABLES, FL 33133

FEI Number: 65-1158662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEPPER, GERALD CPA
1515 UNIVERSITY DRIVE
STE 114
CORAL SPRINGS, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHARF, LISA ARNP
Address: 3475 NORTH COUNTRY CLUB DR. #110
City-St-Zip: AVENTURA, FL 33180

Title: BM () Delete
Name: SCHAECKER, MARVIS
Address: 3 GROVE ISLE DR #310
City-St-Zip: MIAMI, FL 33133

Title: SCO () Delete
Name: SHARF, BRET
Address: 3475 NORTH COUNTRY CLUB DR. #110
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHARF, LISA ARNP
Address: 90 EDGEWATER DRIVE #514
City-St-Zip: CORAL GABLES, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SCO (X) Change () Addition
Name: SHARF, BRET
Address: 3 GROVE ISLE DR #310
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA SHARF

P

03/29/2005

Electronic Signature of Signing Officer or Director

_____ Date