

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106429

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

90 EDGEWATER DR.
514
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

90 EDGEWATER DR.
514
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 65-1158662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: 90 EDGEWATER DRIVE #514
City-St-Zip: CORAL GABLES, FL 33133

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TRS () Change (X) Addition
Name: SHARF, DANIEL A
Address: 1601 CYPRESS POINTE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date