

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106429

FILED  
Apr 26, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: LISA SHARF

P

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date