2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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FILED
03 JUL 28 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106429

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

Principal Place of Business	Mailing Address
3475 NORTH COUNTRY CLUB DR. #110 AVENTURA FL 33180	3475 NORTH COUNTRY CLUB DR. #110 AVENTURA FL 33180

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1158662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEPPA, GERALD CPA 1515 UNIVERSITY DRIVE STE 114 CORAL SPRINGS FL 33304	Name GERALD Pepper CPA Street Address (P.O. Box Number is Not Acceptable) 1515 University Dr # 114 City Coral Springs FL Zip 33304

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 Gerald Pepper
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P SHARF, LISA ARNP 1400 NE 18TH ST FORT LAUDERDALE FL 33304	☒ Delete	President Lisa Sharf 3475 N. Country Club Dr # 110 Aventura, Fl. 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROENNIMANX, MARGARET 1400 NE 18TH STREET FORT LAUDERDALE FL 33304	☒ Delete	Marvis Schreeter 3 Grove Isle Dr. #310 Miami Fl. 33133 Board Member	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Bret L. Sharf 3475 N. Country Club Dr. #110 Aventura Fl 33180 Secretary &	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	#PPA officer officer for Compliance	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	100022165291 08/08/03--01038--027 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Lisa Sharf REQUIRED May 1 2003 786-356-9302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

AA1000106429

Lisa S. Sharf, MSN, ARNP, CS

~~2870 Sheridan St., Ste. C • Hollywood, FL 33021 • (954) 394-4055~~
3475 N. Country Club Dr. #110
Aventura Fl. 33180

Dear Sir or Ms.

I am so sorry that I was unable to send my corporate registration out in May. My daughter has been hospitalized on 3 occasions And may be scheduled for surgery this month. I completely forgot to mail in my registration. Please accept my check for $150 as I am totally unable to afford $500 00 00 due to medical expenses.

Sincerely
Lisa Sharf MSN ARNP, CS