


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000120680 1. Entity Name ANDREW L. LAZIN, M.D., P.A. |  |
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|---|---|
| Principal Place of Business 1921 WALDMERE ST, STE 306 SARASOTA FL 34239 | Mailing Address 1921 WALDMERE ST, STE 306 SARASOTA FL 34239 |
|---|---|



1st MOORE CR2E034 (10/04)

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 90-0008378 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

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|---|--|
| 6. Name and Address of Current Registered Agent | |
| SHEA, JOHN J 2940 S TAMiami TR SARASOTA FL 34239 | |

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
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|--|--------------------|
| 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.

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|-----------------|--|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE: D <input type="checkbox"/> Delete NAME: LAZIN, ANDREW L MD STREET ADDRESS: 1425 DIXIE LEE LN STE 306 CITY - ST - ZIP: SARASOTA FL 34231 | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP: | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP: | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP: | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP: | |
| TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY - ST - ZIP: | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY - ST - ZIP: | 000000250352 03/04/05-80007-015 150.00 |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY - ST - ZIP: | |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY - ST - ZIP: | |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY - ST - ZIP: | |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY - ST - ZIP: | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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|--|------|-----------------|
| SIGNATURE:  | Date | Daytime Phone # |
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