2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2008 08:00 A DOCUMENT # P01000120680 **Secretary of State** ANDREW L. LAZIN, M.D., P.A. Mailing Address Principal Place of Business 1921 WALDMERE ST, STE 306 SARASOTA FL 34239 1921 WALDMERE ST, STE 306 SARASOTA FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 90-0008378 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEA, JOHN J 2940 S TAMIAMI TR Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or minred signate of registered agent unit the it approach (NOTE: Registered Apprel signature required when reinstitution) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Addition NAME LAZIN, ANDREW L MD NAME 023 150.00 STREET ADDRESS 1425 DIXIE LEE LN STE 306 STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP Dalete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TOTALE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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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