


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90107 020 ***150.00

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1. Entity Name
 LISA A. WHIMS-SQUIRES, D.O., P.A.



Principal Place of Business Mailing Address
 2840 WEST BAY DRIVE #273 2840 WEST BAY DRIVE #273
 BELLEAIR BLUFFS, FL 33770 BELLEAIR BLUFFS, FL 33770



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01072007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
 01-0695384 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MIKOS, CYNTHIA A ESQ
 CYNTHIA A MIKOS PA
 2018 E 4TH AVE
 TAMPA, FL 33605

7. Name and Address of New Registered Agent
 Name: Gyneth S. Stanley, Esq
 Street Address (P.O. Box Number is Not Acceptable): 209 TURNER STREET
 City: Clearwater FL Zip Code: 33756

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: *Gyneth S. Stanley Esq.* DATE: 1-12-07
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCTS	<input type="checkbox"/> Delete
NAME	WHIMS-SQUIRES, LISA A DO	
STREET ADDRESS	207 DRIFTWOOD LN	
CITY-ST-ZIP	LARGO, FL 33770	
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	
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 exemptions contained 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 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 A. Whims-Squires* LISA A. WHIMS-SQUIRES 1/1/07 727-466-9847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #