


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90190 024 ***150.00

DOCUMENT # P02000057010 1. Entity Name OLGA GARCIA LUEPSCHEN, DPM, P.A.			
Principal Place of Business 725 U.S. 27S SEBRING, FL 33870		Mailing Address 725 U.S. 27S SEBRING, FL 33870	
2. Principal Place of Business 2 Ryant Blvd. Suite, Apt. #, etc.		3. Mailing Address 2 Ryant Blvd. Suite, Apt. #, etc.	
City & State Sebring, FL		City & State Sebring, FL	
Zip 33872		Zip 33872	
Country USA		Country USA	
4. FEI Number 04-3678136		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent MCLEAN, DOUGLAS A 390 N. CIR. SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Lawrence Luepschen Street Address (P.O. Box Number is Not Acceptable) 2 Ryant Blvd. City Sebring, FL Zip Code 33872	
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 <u>Lawrence Luepschen</u> DATE <u>1-9-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD LUEPSCHEN, OLGA G 725 U.S. 27S SEBRING, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Ryant Blvd. Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LUEPSCHEN, LAWRENCE 725 U.S. 27S SEBRING, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Ryant Blvd. Sebring, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lawrence Luepschen</u> , U.P.		1-9-06 863-314-9255	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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