


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90040 040 ***150.00

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| DOCUMENT # P02000074154 |  |
| 1. Entity Name LEISA D. LUDLAM, PH.D., P.A. | |

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|---|---|
| Principal Place of Business 9007 UNIVERSITY PKWY PENSACOLA, FL 32514 32514 | Mailing Address 9007 UNIVERSITY PKWY PENSACOLA, FL 32514 32514 |
|---|---|

DO NOT WRITE IN THIS SPACE



01212006 No Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 61-1434566 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LUDLAM, LEISA D
9007 UNIVERSITY PKWY
PENSACOLA, FL 32514 **32514**

DO NOT WRITE IN THIS SPACE

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

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| 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 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LUDLAM, LEISA D 9051 PASADENA STREET PENSACOLA, FL 32534 |
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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: *X Leisa D. Ludlam* **LEISA D. LUDLAM** *X 1/31/06* *X (950) 484-0926*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #