

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000074339

1. Entity Name
LYNNE C. ERBE, O.D., P.A.



Principal Place of Business
474 SOUTHWEST HOMELAND ROAD
PORT ST. LUCIE, FL 34953

Mailing Address
474 SOUTHWEST HOMELAND ROAD
PORT ST. LUCIE, FL 34953



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

01-0735681

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERBE, LYNNE C
474 SOUTHWEST HOMELAND RD
PORT SAINT LUCIE, FL 34953

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
PSTD
ERBE, LYNNE C
474 SOUTHWEST HOMELAND ROAD
PORT ST. LUCIE, FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000431986
02/23/06-80046-017 150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2-10-06