

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000074339

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

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10560 SW VILLAGE PKWY  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

474 SOUTHWEST HOMELAND ROAD  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 01-0735681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ERBE, LYNNE C  
Address: 474 SOUTHWEST HOMELAND ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNNE C. ERBE

OWNE

03/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date