

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90217 039 ***150.00

DOCUMENT # P03000001713

1. Entity Name
LISA EDGERTON, D.O., P.A.



Principal Place of Business
321 NE 93RD STREET
MIAMI SHORES, FL 33138

Mailing Address
321 NE 93RD STREET
MIAMI SHORES, FL 33138

20042004



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2091535

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD SUITE 505
AVENTURA, FL 33180

**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 Lisa Edgerton DO PA
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

4/17/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVPS
~~EDGERTON, LISA~~ Edgerton, Lisa
321 NE 93RD STREET
MIAMI SHORES, FL 33138

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Edgerton DO PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05 13001376-1968
Date Daytime Phone #

Lisa Edgerton DO PA