

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127838

Entity Name: LANALEE ARABA SAM, M.D., P.A.

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

2800 EAST COMMERCIAL BLVD.  
SUITE 102  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

2466 E COMMERCIAL BLVD  
SUITE 101  
FORT LAUDERDALE, FL 33308 US

**Current Mailing Address:**

4978 N.W. 49TH COURT  
COCONUT CREEK, FL 33073

**New Mailing Address:**

2466 E COMMERCIAL BLVD  
SUITE 101  
FORT LAUDERDALE, FL 33308 US

FEI Number: 47-0944755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SAM, LANALEE A  
4978 NW 49TH COURT  
COCONUT CREEK, FL 33073 US

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

SAM, LANALEE A  
2466 E COMMERCIAL BLVD  
SUITE 101  
FORT LAUDERDALE, FL 33308 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: SAM, LANALEE A  
Address: 4978 N.W. 49TH COURT  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: SAM, LANALEE A  
Address: 2466 E COMMERCIAL BLVD SUITE 101  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LANALEE ARABA SAM

MD

05/01/2009

Electronic Signature of Signing Officer or Director

Date