
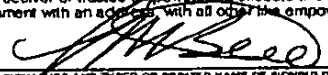


FILED
Jul 31, 2006 8:00 am
Secretary of State

07-14-2006 90022 045 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000004859			
1. Entity Name LILIA M. BEER M. D., P. A.			
Principal Place of Business 1505 N. UNIVERSITY DRIVE SUITE 402 CORAL SPRINGS, FL 33071		Mailing Address 1505 N. UNIVERSITY DRIVE SUITE 402 CORAL SPRINGS, FL 33071	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	PD BEER, LILIA M 1505 N. UNIVERSITY DRIVE SUITE 402 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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 the empowered			
SIGNATURE:  M.D.		Date: 7/10/06	

ATTACHMENT

66022438

Lilia M. Beer MD, PA
1505 N University Dr
Suite 402
Coral Springs, FL 33071

July 5th, 2006

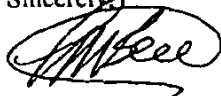
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Lilia M Beer MD PA
Document Number: P05000004859

To Whom It May Concern:

Enclosed please find the annual report for the above named corporation and a filing fee of \$150.00. Please do not charge the \$400.00 late fee as the corporation did not receive the prior notice. Under Florida Statute Chapter 607.193 the corporation shall not be obligated to pay the \$400 late fee if the business entity did not receive the uniform business report prescribed by the department.

Sincerely,



Lilia M Beer
President