## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004859

Entity Name: LILIA M. BEER M. D., P. A.

FILED Sep 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1505 N. UNIVERSITY DRIVE 3100 N CORAL HILLS DR

SUITE 402 SUITE 204

CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

1505 N. UNIVERSITY DRIVE 3100 N CORAL HILLS DR

SUITE 402 SUITE 204

CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065 US

FEI Number: 59-2580094 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MILLER, JOHN P
2499 GLADES ROAD
SUITE 305A

MILLER, JOHN P
2499 GLADES ROAD
SUITE 304

BOCA RATON, FL 33431 US SUITE 304
BOCA RATON, FL 33431 US BOCA RATON, FL 33431 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: JOHN P MILLER 09/14/2009

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: BEER, LILIA M Name: BEER, LILIA M

Address: 1505 N. UNIVERSITY DRIVE SUITE 402 Address: 3100 N CORAL HILLS DR STE 204 City-St-Zip: CORAL SPRINGS, FL 33071 US City-St-Zip: CORAL SPRINGS, FL 33065 US

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: LILIA M BEER PD 09/14/2009