
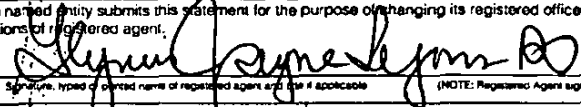
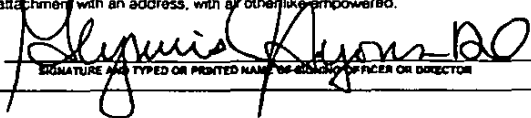


FILED
Jun 23, 2006 8:00 am
Secretary of State

05-16-2006 90022 004 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000112515			
1. Entity Name GLYNNIS JAYNE LYONS, D.O., P.A.			
Principal Place of Business 1583 S.E. PRESTWICK LANE PORT ST. LUCIE, FL 34952		Mailing Address 1583 S.E. PRESTWICK LANE PORT ST. LUCIE, FL 34952	
2. Principal Place of Business 1050 S.E. Monterey Rd. Suite, Apt. #, etc. #201		3. Mailing Address 2489 Delano Road Suite, Apt. #, etc.	
City & State Stuart, FL		City & State Port St. Lucie, FL	
Zip 34994		Zip 34952	
Country USA		Country USA	
4. FEI Number 75-3202973		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYONS, GLYNNIS JAYNE 1583 S.E. PRESTWICK LANE PORT ST. LUCIE, FL 34952		7. Name and Address of New Registered Agent Name GLYNNIS J. LYONS, D.O. Street Address (P.O. Box Number is Not Acceptable) 2489 Delano Road City Port St. Lucie FL Zip Code 34952	
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 a registered agent. SIGNATURE  DATE 4/26/06 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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 President Glynnis J. Lyons 1050 SE Monterey Rd. #201 Stuart, FL 34994 <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	
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	
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	
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	
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 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:  DATE 4/26/06 7722860552 (NOTE: Signature of officer or director required when reinstating)		Daytime Phone #	

66020442



04252006 Chg-P CR2E034 (11/05)