

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151004

Entity Name: LISA R ANTHONY MD, P.A.

FILED
Feb 05, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 519
VERO BEACH, FL 32960

New Principal Place of Business:

1880 37TH ST. STE 4
VERO BEACH, FL 32960

Current Mailing Address:

PO BOX 519
VERO BEACH, FL 32960

New Mailing Address:

2365 46TH AVE
VERO BEACH, FL 32966

FEI Number: 20-3788439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, LISA R MD
2365 46TH AE
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

ANTHONY, LISA R MD
2365 46TH AVE
VERO BEACH, FL 32966 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: LISA R. ANTHONY MD

02/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANTHONY, LISA R MD
Address: 2365 46TH AVE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: ANTHONY, LISA R MD
Address: 2365 46TH AVE
City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA R. ANTHONY MD

DR

02/05/2006

Electronic Signature of Signing Officer or Director

Date