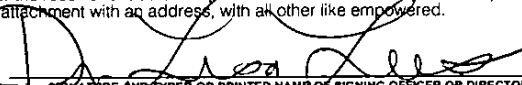


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90088 036 ***150.00

DOCUMENT # P06000045044 1. Entity Name LISA LEES, D.C., P.A.																													
Principal Place of Business 500 THREE ISLAND BLVD SUITE 722 HALLANDALE, FL 33009			Mailing Address 500 THREE ISLAND BLVD SUITE 722 HALLANDALE, FL 33009																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-8378127 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04272007 Chg-P CR2E034 (12/06)																											
6. Name and Address of Current Registered Agent LEES, LISA 500 THREE ISLAND BLVD SUITE 722 HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 registered agent.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P LEES, LISA</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>500 THREE ISLAND BLVD SUITE 722</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HALLANDALE, FL 33009</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P LEES, LISA	☐ Delete	NAME	500 THREE ISLAND BLVD SUITE 722		STREET ADDRESS	HALLANDALE, FL 33009		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 		4/27/07 3053326822 Date Daytime Phone #																											