


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**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



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-8378127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEES, LISA  
 500 THREE ISLAND BLVD SUITE 722  
 HALLANDALE, FL 33009

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


U00000944500  
 05/29/08-80101-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEES, LISA 500 THREE ISLAND BLVD SUITE 722 HALLANDALE, FL 33009
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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:**  **4/28/08** **305-332-6822**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #