

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045044

Entity Name: LISA LEES, D.C., P.A.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

500 THREE ISLAND BLVD SUITE 722
HALLANDALE, FL 33009

Current Mailing Address:

500 THREE ISLAND BLVD SUITE 722
HALLANDALE, FL 33009

New Principal Place of Business:

500 THREE ISLANDS BLVD
SUITE 722
HALLANDALE BEACH, FL 33009

New Mailing Address:

500 THREE ISLANDS BLVD
SUITE 722
HALLANDALE BEACH, FL 33009

FEI Number: 20-8378127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEES, LISA M
500 THREE ISLANDS BLVD
SUITE 722
HALLANDALE BEACH, FL 33009 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: DR. LISA LEES

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEES, LISA
Address: 500 THREE ISLAND BLVD SUITE 722
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEES, LISA
Address: 500 THREE ISLANDS BLVD SUITE 722
City-St-Zip: HALLANDALE, FL 33009

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: DR. LISA LEES

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date