

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106066

Entity Name: GRANT LYNDE, M.D., P.A.

FILED
Mar 14, 2009
Secretary of State

Current Principal Place of Business:

3019 NORTHFIELD DRIVE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

3019 NORTHFIELD DRIVE
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 20-5552091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNDE, GRANT
3019 NORTHFIELD DRIVE
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LYNDE, GRANT
Address: 3019 NORTHFIELD DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GRANT LYNDE

DR.

03/14/2009

Electronic Signature of Signing Officer or Director

Date