

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044814

Entity Name: LISA ANN IVERSON, P.A.

FILED
May 07, 2009
Secretary of State

Current Principal Place of Business:

1918 SE 17TH ST
OCALA, FL 34471

New Principal Place of Business:

6 ALMOND COURSE
OCALA, FL 34472

Current Mailing Address:

71 ALMOND PASS DR
OCALA, FL 34472

New Mailing Address:

6 ALMOND COURSE
OCALA, FL 34472

FEI Number: 20-8835477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IVERSON, LISA A
71 ALMOND PASS DR
OCALA, FL 34472 US

Name and Address of New Registered Agent:

IVERSON, LISA A
6 ALMOND COURSE
OCALA, FL 34472 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 A IVERSON

05/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IVERSON, LISA A
Address: 71 ALMOND PASS DR
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change () Addition
Name: IVERSON, LISA A
Address: 6 ALMOND COURSE
City-St-Zip: OCALA, FL 34472

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: LISA A IVERSON

P,VP

05/07/2009

Electronic Signature of Signing Officer or Director

Date