

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007657

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** HEALTH LAW OFFICE OF LEE LASRIS, P.A.

**Current Principal Place of Business:**

7805 SW 6TH COURT  
PLANTATION, FL 33324

**New Principal Place of Business:**

3501 S. UNIVERSITY DRIVE  
SUITE 10  
DAVIE, FL 33328

**Current Mailing Address:**

7805 SW 6TH COURT  
PLANTATION, FL 33324

**New Mailing Address:**

3501 S. UNIVERSITY DRIVE  
SUITE 10  
DAVIE, FL 33328

**FEI Number:** 26-1894730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LASRIS, LEE F  
7805 SW 6TH COURT  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

LASRIS, LEE F  
3501 S. UNIVERSITY DRIVE  
SUITE 10  
DAVIE, FL 33328 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:** LEE LASRIS

03/23/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** LASRIS, LEE F  
**Address:** 7805 SW 6TH COURT  
**City-St-Zip:** PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** LASRIS, LEE F  
**Address:** 3501 S. UNIVERSITY DRIVE, SUITE 10  
**City-St-Zip:** DAVIE, FL 33328

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:** LEE LASRIS

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date