

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000067951

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** KARA K. LYONS PSYD PA

**Current Principal Place of Business:**

5665 PONCE DE LEON BOULEVARD  
F.H. FLIPSE BUILDING, ROOM 250  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 460605  
FORT LAUDERDALE, FL 33346 US

**New Mailing Address:**

**FEI Number:** 27-0695753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYONS & SNYDER LAW GROUP, P.A.  
644 SE 5TH AVENUE  
FORT LAUDERDALE, FL 33301 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:** P  
**Name:** LYONS, KARA K DR  
**Address:** PO BOX 460605  
**City-St-Zip:** FORT LAUDERDALE, FL 33346 US

I hereby 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 all other like empowered.

**SIGNATURE:** KARA K LYONS, PSYD

DR

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date