

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000093138

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** LUCILLE BELNICK, M.D., P.A.

**Current Principal Place of Business:**

5526 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**New Principal Place of Business:**

5474 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**Current Mailing Address:**

5526 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**New Mailing Address:**

5474 LAKE HOWELL ROAD  
WINTER PARK, FL 32792

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

OKUN, JOAN S ESQ.  
1905 BELFORD CT.  
MAITLAND, FL 32751    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:                      O  
Name:                      BELNICK, LUCILLE M.D.  
Address:                      5474 LAKE HOWELL ROAD  
City-St-Zip:                      WINTER PARK, FL 32792

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: LUCILLE BELNICK, M.D.                      O

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

01/10/2010

\_\_\_\_\_ Date