

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000084001

Entity Name: FRANK B. LEE, MD PA

FILED  
Sep 15, 2011  
Secretary of State

**Current Principal Place of Business:**

10195 BRIDGEWATER CIRCLE  
ST. PAUL, MN 55129

**New Principal Place of Business:**

**Current Mailing Address:**

4548 CHALFONT DRIVE  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 32-0314054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FREEMAN, MARK A  
4548 CHALFONT DRIVE  
ORLANDO, FL 32837 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LEE, FRANK B  
Address: 10195 BRIDGEWATER CIRCLE  
City-St-Zip: ST. PAUL, MN 55129

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: FRANK LEE

MD

09/15/2011

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

\_\_\_\_\_ Date