


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90006 013 \*\*\*150.00

DOCUMENT # P93000001276

1. Entity Name  
 SCOT E. LANCE, M.D., P.A.



Principal Place of Business 1921 WALDEMERE ST STE 801 SARASOTA, FL 34239 US	Mailing Address 1921 WALDEMERE ST STE 801 SARASOTA, FL 34239 US
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**50058388**



2. Principal Place of Business <i>SAME AS ABOVE</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07152005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 65-0381267	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

LANCE, SCOT E  
 1921 WALDEMERE ST  
 STE 801  
 SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LANCE, SCOT E	
STREET ADDRESS	1921 WALDEMERE ST	
CITY - ST - ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Scott Lance* Date: *7/26/05* Daytime Phone #: *941-977-2345*



ATTACHMENT  
Division of Corporations

P 50058388

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Business Entity Name  
SCOT E. LANCE, M.D., P.A.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number	650381267		
FEI Number Status	Applied For	Not Applicable	Current
Certificate of Status Desired	Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes	No	

Principal Place of Business

Address	1921 WLDEMERE ST		
Suite, Apt. #, etc.	STE 801		
City, State	SARASOTA		, FL
Zip Code & Country	34239	US	

Mailing Address

Address	1921 WALDEMERE ST		
Suite, Apt. #, etc.	STE 801		
City, State	SARASOTA		, FL
Zip Code & Country	34239	US	

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	LANCE	SCOT	E
-or- RA Business Name			
Address (PO Box is not acceptable)	1921 WALDEMERE ST		
Suite, Apt. #, etc.	STE 801		
City, State	SARASOTA		, FL
Zip Code & Country	34239	US	

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT

1300000076  
50058388

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual. otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name And Address**

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

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City, State

SARASOTA FL

Zip Code & Country

34239

Title

PRES

Name (Last, First, Middle, Title)

LANCER, SUT, E.

-or- Entity Name

SAME

Street Address

1921 WADSWORTH ST 801

City, State

SARASOTA FL 3

Zip Code & Country

34239

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

MDPA

Officer/Director Signature

SUT E LANCER MD PA

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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