


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

|  |  |
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| <b>DOCUMENT # P93000001276</b><br>1. Entity Name<br><b>SCOT E. LANCE, M.D., P.A.</b> |  |
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| Principal Place of Business<br><b>1921 WALDEMERE ST<br/>STE 801<br/>SARASOTA FL 34239<br/>US</b> | Mailing Address<br><b>1921 WALDEMERE ST<br/>STE 801<br/>SARASOTA FL 34239<br/>US</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |     |         |
|--------------|--------------|-----|---------|
| City & State | City & State |     |         |
| Zip          | Country      | Zip | Country |



1st MOORE      CRZE034 (10/05)

4. FEI Number      **65-0381267**      Applied For  
Not Applied

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>LANCE, SCOT E<br/>1921 WALDEMERE ST<br/>STE 801<br/>SARASOTA FL 34239</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
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8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2006 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>LANCE, SCOT E</b><br><b>1921 WALDEMERE ST</b><br><b>SARASOTA FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | Change      Add<br><br><b>U00000521857</b><br><b>05/03/06-80006-016 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | Change      Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | Change      Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | Change      Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | Change      Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | Change      Add  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 another like empowered.

**SIGNATURE:** *Scot Lance*      Date: *4/18/06*      Daytime Phone #: *941-917-2345*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR