

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000058503

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** KEITH J. LERNER, M.D., P.A.

**Current Principal Place of Business:**

4850 WEST OAKLAND PARK BLVD.  
STE. 209  
FT. LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

4850 WEST OAKLAND PARK BLVD.  
STE. 209  
FT. LAUDERDALE, FL 33313

**New Mailing Address:**

**FEI Number:** 65-0434914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

LERNER, KEITH J M.D.  
4850 WEST OAKLAND PARK BLVD.  
STE. 209  
FT. LAUDERDALE, FL 33313 US

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:** MD  
**Name:** LERNER, KEITH J M.D.  
**Address:** 4850 WEST OAKLAND PARK BLVD., #209  
**City-St-Zip:** FT. LAUDERDALE, FL 33313

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:** KEITH J. LERNER

MD

01/21/2010

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

\_\_\_\_\_  
Date