


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000086021**  
 1. Entity Name  
**ANTHONY R. LAI, M.D., P.A.**



Principal Place of Business      Mailing Address  
**6200 SUNSET DRIVE**      **6200 SUNSET DRIVE**  
**SUITE 301**      **SUITE 301**  
**MIAMI, FL 33143**      **MIAMI, FL 33143**

**DO NOT WRITE IN THIS SPACE**



03262008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0460174</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**TOLAND, BRUCE J**  
**7300 SW 62ND PL**  
**SUITE 201**  
**MIAMI, FL 33143**

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

400000941227  
 05/28/08-80098-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LAI, ANTHONY R
STREET ADDRESS	6200 SUNSET DRIVE, SUITE 301
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**       **4/25/08**    **305-669-9521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #