

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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**95 APR 18 PM 4:42**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000022113 (2)**

1. Corporation Name  
**LORI K. LAMBERT, M.D., P.A.**

Principal Place of Business      Mailing Address

**9430 TURKEY LAKE ROAD, STE. 118  
ORLANDO FL 32819**      **9430 TURKEY LAKE ROAD, STE. 118  
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/01/1994</b>		3a. Date of Last Report	
4. FEI Number <b>59-3231709</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21		26	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**LAMBERT, LORI K  
9430 TURKEY LAKE ROAD, STE. 118  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBERT, LORI K</b>	1. 2 NAME	
STREET ADDRESS	<b>9430 TURKEY LAKE ROAD, STE. 118</b>	1. 3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32819</b>	1. 4 CITY - ST - ZIP	
TITLE		2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2 NAME	
STREET ADDRESS		2. 3 STREET ADDRESS	
CITY - ST - ZIP		2. 4 CITY - ST - ZIP	
TITLE		3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY - ST - ZIP		3. 4 CITY - ST - ZIP	
TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY - ST - ZIP		4. 4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY - ST - ZIP		6. 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lori K. Lambert      **Lori K. Lambert**      **3-27-95**      **(407) 363-2000**

DATE: \_\_\_\_\_      OFFICIAL YEAR: \_\_\_\_\_