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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000022113 (2)

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



Principal Place of Business: 9430 TURKEY LAKE ROAD, STE. 118 ORLANDO FL 32819
Mailing Address: 9430 TURKEY LAKE ROAD, STE. 118 ORLANDO FL 32819-8015

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3231709
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 7051 Dr. Phillips Blvd. Suite 5
22 Suite 5
23 same
24 Zip
25 Country
26 7051 Dr. Phillips Blvd. Suite 5
27 Suite 5
28 same
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): 7051 DR PHILLIPS BLVD, SUITE 5
83
84 City: ORLANDO FL 85 Zip Code: 32819

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PSTD
NAME: LAMBERT, LORI K
STREET ADDRESS: 9430 TURKEY LAKE ROAD, STE. 118
CITY-ST-ZIP: ORLANDO FL 32819
[Empty rows for other officers/directors with DELETED checkboxes]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS: 7051 Dr. Phillips Blvd, Suite 5
1.4 CITY-ST-ZIP: same
[Empty rows for other additions/changes]

14. I do 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/15/97
Daytime Phone #: (407) 363-2000

CR2E034 (9/96)