2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000022113

1. Entity Name

LORI K. LAMBERT, M.D., P.A.



FILED
Jan 14, 2008 08:00 AN
Secretary of State

Principal Place of Business

7051 DR PHILLIPS BLVD

SUITE 5

ORLANDO, FL 32819 US

Mailing Address

7051 DR PHILLIPS BLVD

SUITE 5

ORLANDO, FL 32819 US



DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3231709 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

LAMBERT, LORI K 7051 DR PHILLIPS BLVD SUITE 5 ORLANDO, FL 32819

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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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 000000781135 01/15/08-80022-016 150.00

OFFICERS AND DIRECTORS 10. **PSTD** TITLE LAMBERT, LORI K NAME 7051 DR PHILLIPS BLVD, SUITE 5 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #