FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035595 (5)**

1. Corporation Name
DR. JEFFREY I. LEWIS, PHD., & ASSOCIATES, P.A.

Principal Place of Business
1253 UNIVERSITY DR., #333
CORAL SPRINGS FL 33071

Mailing Address
1253 UNIVERSITY DR., #333
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/09/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 **9238 NW 13TH Place**
Suite, Apt. #, etc. 22
City & State 23 **Coral Springs, FL**
Zip 24 **33071** County 25 **Broward**

2a. Mailing Address
26 **9238 NW 13TH Place**
Suite, Apt. #, etc. 27
City & State 28 **Coral Springs, FL**
Zip 29 **33071** County 30 **Broward**

4. FEI Number **65-0489931** ☐ Applied For ☐ Not Applicable

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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEWIS, JEFFREY
1253 UNIVERSITY DR., #333
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: **Lewis, Jeffrey**
82 Street Address (P.O. Box Number is Not Acceptable): **9238 NW 13TH Place**
83
84 City: **Coral Springs** **FL** 85 Zip Code: **33071**

11. Pursuant to the provisions of Sections 607.0502 and 607.150(8), 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: Jeffrey I. Lewis Jeffrey I. Lewis, President 4/13/95
(Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

01 TITLE	DPST
02 NAME	LEWIS, JEFFREY
03 STREET ADDRESS	1253 UNIVERSITY DR., #333
04 CITY ST ZIP	CORAL SPRINGS FL 33071
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 TITLE	DPST	☒ Change ☐ Addition
02 NAME	LEWIS, JEFFREY	
03 STREET ADDRESS	9238 NW 13TH Place	
04 CITY ST ZIP	Coral Springs FL 33071	
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Jeffrey I. Lewis JEFFREY I. LEWIS 4/13/95 (305)574-6464
(Name and Title) (Date) (Telephone Number)

0113093 CP