

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90006 024 ***150.00

50001827



01062005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0583733** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P95000038828			
1. Entity Name STEPHEN B. LYONS, M.D., P.A.			
Principal Place of Business 1891 W. HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33442		Mailing Address 1891 W. HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33442	
2. Principal Place of Business		3. Mailing Address 2824 Banyan Blvd Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Boca Raton, FL	
Zip	Country	Zip 33431	Country

6. Name and Address of Current Registered Agent LYONS, STEPHEN B M.D. 1891 W. HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name LYONS, STEPHEN B, M.D. Street Address (P.O. Box Number is Not Acceptable) 2824 Banyan Blvd. Circle City Boca Raton FL Zip Code 33431	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, STEPHEN B M.D. 1891 W. HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, STEPHEN B, M.D. 2824 Banyan Blvd. Circle Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 #

1/6/05 954-429-0111