

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 10, 2006 8:00 am
Secretary of State

02-23-2006 90011 014 ***165.00

66004584



01082006 Chg-P CR2E034 (11/05)

DOCUMENT # P95000038828					
1. Entity Name STEPHEN B. LYONS, M.D., P.A.					
Principal Place of Business 1801 W. HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33442 <i>2824 Banyan Blvd. Circle Boca Raton, FL 33431</i>			Mailing Address 2824 BANYAN BLVD CIRCLE BOCA RATON, FL 33431		
2. Principal Place of Business 2824 Banyan Blvd. Circle			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Boca Raton, FL			City & State		
Zip 33431		Country USA		4. FEI Number 65-0583733	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LYONS, STEPHEN B M.D. 2824 BANYAN BLVD. CIRCLE BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>[Signature]</i> M.D. DATE: <i>3/8/06</i> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. 2824 BANYAN BLVD CIRCLE BOCA RATON, FL 33431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>3/8/06</i> 561-706-2020 <small>Date Daytime Phone #</small>		



ATTACHMENT

#66004584

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

STEPHEN B. LYONS, M.D., P.A.
2824 BANYAN BLVD CIRCLE
BOCA RATON, FL 33431

Subject: ~~STEPHEN B. LYONS, M.D., P.A.~~

Reference Number: **P95000038828**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$165.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION