

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000041911

FILED
Jan 14, 2005
Secretary of State

Entity Name: DON LERNER, M.D., P.A.

Current Principal Place of Business:

1820 BARRS STREET
DILLION BLDG., SUITE 610
JACKSONVILLE, FL 322044729

New Principal Place of Business:

Current Mailing Address:

1820 BARRS STREET
DILLION BLDG., SUITE 610
JACKSONVILLE, FL 322044729

New Mailing Address:

FEI Number: 59-3323845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL R. PASTERNAK, P.A.
200 S. BISCAYNE BLVD., SUITE 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LERNER, DON N MD.,PA
Address: 1820 BARRS ST DILLAN BLDG STE 610
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON N. LERNER MD, P.A.

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date