

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000041911

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

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

836 PRUDENTIAL DR.
1802
JACKSONVILLE, FL 32207

New Mailing Address:

836 PRUDENTIAL DR.
SUITE 1802
JACKSONVILLE, FL 32207

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: MD (X) Change () Addition
Name: LERNER, DON N MD.,PA
Address: 836 PRUDENTIAL DR.; SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

01/09/2006

Electronic Signature of Signing Officer or Director

Date