

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049036

FILED
Jun 19, 2010
Secretary of State

Entity Name: LISA A. YURKIEWICZ, D.M.D., M.S., P.A.

Current Principal Place of Business:

5956 TURKEY LAKE RD., STE 2
ORLANDO, FL 32819 US

New Principal Place of Business:

1655 E. HIGHWAY 50
SUITE #101
CLERMONT, FL 34711 US

Current Mailing Address:

5956 TURKEY LAKE RD., STE 2
ORLANDO, FL 32819 US

New Mailing Address:

1655 E. HIGHWAY 50
SUITE #101
CLERMONT, FL 34711 US

FEI Number: 59-3323370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YURKIEWICZ, LISA A
1655 E. HIGHWAY 50
SUITE #101
CLERMONT, FL 34711 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

OFFICERS AND DIRECTORS:

Title: PD
Name: YURKIEWICZ, LISA
Address: 1655 E. HIGHWAY 50, SUITE #101
City-St-Zip: CLERMONT, FL 34711 US

Title: SD
Name: YURKIEWICZ, JAY
Address: 1655 E. HIGHWAY 50, SUITE #101
City-St-Zip: CLERMONT, FL 34711 US

I hereby 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 all other like empowered.

SIGNATURE: LISA YURKIEWICZ

PD

06/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date