

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90191 021 \*\*\*150.00

**DOCUMENT # P95000078134**

1. Entity Name  
LISA A. GOFF, D.M.D., P.A.



Principal Place of Business  
2717 N WICKHAM ROAD  
SUITE 1  
MELBOURNE, FL 32935 US

Mailing Address  
2717 N WICKHAM ROAD  
SUITE 1  
MELBOURNE, FL 32935 US



04062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3340440

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOFF, LISA  
2717 N. WICKHAM RD.  
SUITE 132  
MELBOURNE, FL 32935

Name  
Lisa A. Goff, DMD

Street Address (P.O. Box Number is Not Acceptable)

2717 N. Wickham Road, Suite 1

City Melbourne FL Zip Code 32935

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPST  
GOFF, LISA A D.M.D.  
2717 N WICKHAM ROAD, #1  
MELBOURNE, FL 32935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A. Goff, DMD

4/5/06

Date

321-242-2766

Daytime Phone #