


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90010 041 ***150.00

DOCUMENT # P96000081028	
1. Entity Name THE FLORIDA LIPID INSTITUTE, P.A.	

Principal Place of Business 1511 B SLIGH BLVD ORLANDO, FL 32806	Mailing Address 1511 B SLIGH BLVD ORLANDO, FL 32806
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20001611



2. Principal Place of Business 2828 Casa Aloma Way	3. Mailing Address 2828 Casa Aloma Way
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32792	Country USA

01052005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HOCTOR, JAMES J 215 NORTH EOLA DRIVE ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZIAJKA, PAUL E M.D. 1511 B SLIGH BOULEVARD ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2828 Casa Aloma Way #600 Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Paul Ziajka</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/10/05</u> Daytime Phone #: <u>407-671-8598</u>