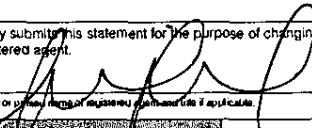
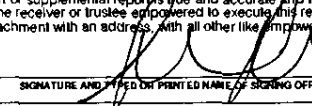


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90112 016 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000024587			
1. Entity Name LISA A. BAIRD, P.A.			
Principal Place of Business 10691 NORTH KENDALL DRIVE, SUITE 205 MIAMI, FL 33176		Mailing Address 10691 NORTH KENDALL DRIVE, SUITE 205 MIAMI, FL 33176	
2. Principal Place of Business 10271 Sunset Drive Suite, Apt. #, etc. Suite 103 City & State Miami, FL Zip 33173 Country USA	3. Mailing Address 10271 Sunset Drive Suite, Apt. #, etc. Suite 103 City & State Miami, FL Zip 33173 Country USA	4. FEI Number 65-0734624 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAIRD, LISA A P.A. 10691 NORTH KENDALL DRIVE SUITE 205 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name LISA A. BAIRD Street Address (P.O. Box Number is Not Acceptable) 10271 Sunset Drive Suite 103 City Miami FL Zip Code 33173	
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  DATE 4/10/03 Signature, typed or printed name of registered agent and fee 7 applicable. (NOTE: Registered Agent Signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BAIRD, LISA A 10691 NORTH KENDALL DRIVE, SUITE 205 MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD LISA A. BAIRD 10271 Sunset Dr, Suite 103 Miami, FL 33173	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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:  DATE 4/10/03 (305) 595-8185 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CFR2034 (10/02)