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.

90085035

Principal Place of Business	Mailing Address
10691 NORTH KENDALL DRIVE, SUITE 205 MIAMI, FL 33176	10691 NORTH KENDALL DRIVE, SUITE 205 MIAMI, FL 33176

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10271 Sunset Drive	10271 Sunset Drive
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.: Suite 103
City & State: Miami, FL	City & State: Miami, FL
Zip: 33173 Country: USA	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.
10691NORTH 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 ______ [signature] 4/10/03
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, 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	D	☐ Delete	TITLE	PD	☐ Change ☐ Addition
NAME	BAIRD, LISA A		NAME	LISA A. BAIRD	
STREET ADDRESS	10691 NORTH KENDALL DRIVE, SUITE 205		STREET ADDRESS	10271 Sunset Dr., Suite 103	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Miami, FL 33173	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: ______ [signature] 4/10/03 (305) 595-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #