

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077815

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: THOMAS L. LAWRENCE, M.D., P.A.

## Current Principal Place of Business:

THOMAS L. LAWRENCE, M.D., P.A.  
3401 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

THOMAS L. LAWRENCE, M.D., P.A.  
3401 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308 US

## Current Mailing Address:

3401 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308

## New Mailing Address:

3401 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308 US

FEI Number: 59-3531088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VSTD ( ) Delete  
Name: LAWRENCE, PENNY L  
Address: 6096 PIMLICO COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD ( ) Delete  
Name: LAWRENCE, THOMAS L MD  
Address: 6096 PIMLICO COURT  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSTD (X) Change ( ) Addition  
Name: LAWRENCE, PENNY L ADMINIS  
Address: 6096 PIMLICO COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PENNY L. LAWRENCE

ADMI

01/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date