

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101297

Entity Name: LIEN & LU, M.D.'S, P.A.

FILED  
Aug 31, 2005  
Secretary of State

## Current Principal Place of Business:

10133 CORTEZ BLVD  
BROOKSVILLE, FL 34613

## New Principal Place of Business:

## Current Mailing Address:

10133 CORTEZ BLVD  
BROOKSVILLE, FL 34613

## New Mailing Address:

5459 NIMITZ ROAD  
NEW PORT RICHEY, FL 34652

FEI Number: 59-3545113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ST. ARNOLD, JACK R  
1370 PINEHURST ROAD  
DUNEDIN, FL 34698 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LU, MELVIN C  
Address: 6020 SEASIDE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34613

Title: STD ( ) Delete  
Name: LIEN, MARY H  
Address: 6020 SEASIDE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LU, MELVIN C  
Address: 5459 NIMITZ ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MELVIN LU

PD

08/31/2005

Electronic Signature of Signing Officer or Director

Date