

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106967

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: CONCEPCION R. LURIE, M.D., P.A.

**Current Principal Place of Business:**

945 MARINER DR.  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

945 MARINER DR.  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 65-0884438      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LURIE, COCEPCION R MD  
945 MARINER DR.  
KEY BISCAYNE, FL 33149      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:            D            ( ) Delete  
Name:            LURTE, CONCEPCION R  
Address:        945 MARINER DR.  
City-St-Zip:    KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PRES            (X) Change ( ) Addition  
Name:            LURTE, CONCEPCION R  
Address:        945 MARINER DR.  
City-St-Zip:    KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CONNIE LURIE

PRES

04/29/2007

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

\_\_\_\_\_ Date