



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90123 006 ***150.00

DOCUMENT # P99000059605					
1. Entity Name LISA OLECK GIBBONS, O.D., P.A.					
Principal Place of Business 3405 US HWY 17-92 SOUTH CASSELBERRY, FL 32707			Mailing Address 1820 WINDSOR DR. WINTER PARK, FL 32789 US		
2. Principal Place of Business 3405 US Hwy 17-92 South Suite, Apt. #, etc. Suite 101 City & State Casselberry FL Zip 32707 Country USA		3. Mailing Address 3405 US Hwy 17-92 South Suite, Apt. #, etc. Suite 101 City & State Casselberry FL Zip 32707 Country USA			
					
4. FEI Number 59-3584923		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GIBBONS, LISA OLECK O.D. 3405 US HWY 17-92 SOUTH CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name <u>Lisa Gibbons</u> Street Address (P.O. Box Number is Not Acceptable) 3405 US Hwy 17-92 South Suite 101 City <u>Casselberry</u> <u>FL</u> Zip Code <u>32707</u>		
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: <u>[Signature]</u> <u>Lisa Gibbons President</u> <u>1-17-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBBONS, LISA 1820 WINDSOR DR. WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lisa Gibbons 131 W. Rockwood Way Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u> <u>Lisa Gibbons President</u> <u>1-17-06</u> <u>407 644 3152</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					