

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90195 014 ***150.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P99000073683 | | | | | |
| 1. Entity Name LAWRENCE E. SMITH D.O., P.A. | | | | | |
| Principal Place of Business 1120 FAIRVIEW LN WEST PALM BEACH, FL 33404 | | | Mailing Address PO BOX 2642 PALM BEACH, FL 33480 | | |
| 2. Principal Place of Business 244 FAIRVIEW ROAD Suite, Apt. #, etc. | | 3. Mailing Address 244 FAIRVIEW ROAD Suite, Apt. #, etc. | | | |
| City & State PALM BEACH, FL | | City & State PALM BEACH, FL | | 4. FEI Number 65-0941366 | |
| Zip 33480 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMITH, LAWRENCE E DO 1120 FAIRVIEW LANE WEST PALM BEACH, FL 33404 | | | 7. Name and Address of New Registered Agent Name SMITH, LAWRENCE E. DO Street Address (P.O. Box Number is Not Acceptable) 244 FAIRVIEW ROAD City PALM BEACH FL Zip Code 33480 | | |
| 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>Lawrence E. Smith</u> DATE <u>7/6/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SMITH, LAWRENCE E DO <input type="checkbox"/> Delete 1120 FAIRVIEW LANE WEST PALM BEACH, FL 33404 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SMITH, LAWRENCE E DO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 244 FAIRVIEW ROAD PALM BEACH, FL 33480 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Lawrence E. Smith</u> LAWRENCE E SMITH, DO Date <u>7/6/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |