

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000081268

1. Entity Name

GARY G. LEHMAN, M.D., P.A.



Principal Place of Business

2901 CURRY FORD RD.
SUITE #106
ORLANDO FL 32806

Mailing Address

2901 CURRY FORD RD.
SUITE #106
ORLANDO FL 32806

2. Principal Place of Business

2881 S. Bumby Ave.

3. Mailing Address

2881 S. Bumby Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. FEI Number

59-3599239

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, ROBERT
5100 HWY. 17-92
SUITE 200
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, GARY G		NAME	
STREET ADDRESS	1621 GRAN VIA		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any other title empowered

SIGNATURE:

GARY LEHMAN, M.D. 44-06 407-894-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**FILED
Apr 13, 2006 8:00 am
Secretary of State**

04-13-2006 90304 044 ***150.00