2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# P99000106943

Entity Name: LISA BANCHIK, M.D., P.A.

Current Principal Place of Business:

PMB 167,20423 STATE RD.7,#F6
BOCA RATON, FL 33498

New Principal Place of Business:

20423 STATE RD.7
PMB 167
BOCA RATON, FL 33498

Current Mailing Address:

PMB 167,20423 STATE RD.7,#F6
BOCA RATON, FL 33498

New Mailing Address:

20423 STATE RD.7
PMB 167
BOCA RATON, FL 33498

FEI Number: 65-0969200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANCHIK, LISA
20423 STATE RD. 7,#F6
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

BANCHIK, LISA
20423 STATE RD. 7
PMB 167
BOCA RATON, FL 33498 US

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: 02/04/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: BANCHIK, LISA
Address: PMB 167,20423 STATE RD. 7,#F6
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LISA BANCHIK PRES 02/04/2008
Electronic Signature of Signing Officer or Director — Date