

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14514

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** HOWARD C. LUCAS, M.D., P.A.

**Current Principal Place of Business:**

560 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

560 AVENUE K, S.E.  
WINTER HAVEN, FL 33880 US

**Current Mailing Address:**

560 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

560 AVENUE K, S.E.  
WINTER HAVEN, FL 33880 US

**FEI Number:** 59-3112068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUCAS, HOWARD  
560 AVENUE K S.E.  
WINTER HAVEN, FL 33880 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  
Name: LUCAS, HOWARD  
Address: 560 AVENUE K, S.E.  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby 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 all other like empowered.

SIGNATURE: HOWARD LUCAS, MD

D

04/21/2010

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

\_\_\_\_\_ Date