

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90029 007 ***150.00

DOCUMENT # 520038
1. Entity Name



JOSEPH LAX AKERMAN, P.A.

DO NOT WRITE IN THIS SPACE

54033349

2. Principal Place of Business
220 N. WASHINGTON AVE.
Suite, Apt. #, etc.
APOPKA FL 32703
City & State

3. Mailing Address
220 N. WASHINGTON AVE.
Suite, Apt. #, etc.
APOPKA FL 32703
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1731624

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country Zip Country

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
AKERMAN, JOSEPH L.
Street Address (P.O. Box Number is Not Acceptable)
220 N. WASHINGTON AVE.
City APOPKA FL Zip Code 32703

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKERMAN, JOSEPH L. 220 N. WASHINGTON AVE. APOPKA FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph L Akerman MD J.L AKERMAN, M.D. Date: 04/12/04 Daytime Phone #: 407-886-1888

CR2E034B (12/02)