


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 520038
 1. Entity Name
JOSEPH LAX AKERMAN, P.A.



Principal Place of Business 220 N. WASHINGTON AVE. APOPKA, FL 32703	Mailing Address 220 N. WASHINGTON AVE. APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1731624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKERMAN, JOSEPH L.
 220 N. WASHINGTON AVE.
 APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000707587
 04/24/07-80079-015 150.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Joseph L. Akerman* **JOSEPH L. AKERMAN, M.D.** x APR 13 2007 407-886-1885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #