

**2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90044 017 \*\*\*150.00

DOCUMENT # P03000016026  
 1. Entity Name  
 JOSEPH TAUBMAN, M.D., P.A.



Principal Place of Business Mailing Address  
 10929 BOCA WOODS LANE  
 BOCA RATON FL 33428  
~~10020 BOCA WOODS LANE~~  
~~BOCA RATON FL 33428~~

2. Principal Place of Business 3. Mailing Address  
 21381 Bridge View Dr. 21381 Bridge View Dr.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State Boca Raton FL Boca Raton FL  
 Zip 33428 Country 33428 Country

4. FEI Number 56-2330191 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TAUBMAN, JOSEPH  
 10929 BOCA WOODS LANE  
 BOCA RATON FL 33428

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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: D <input type="checkbox"/> Delete	NAME: TAUBMAN, JOSEPH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10929 BOCA WOODS LANE	CITY-ST-ZIP: BOCA RATON FL 33428	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	NAME	
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	CITY-ST-ZIP	CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Taubman 2/20/04 (561) 852-8662  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 JOSEPH TAUBMAN