

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90020 049 ***150.00



DOCUMENT # P97000030461

1. Entity Name

JEFF M. BAUMAN, PSY.D., P.A.

Principal Place of Business

DR JEFF M BAUMAN
~~1625 N. COMMERCE PKWY SUITE 305~~
~~WESTON FL 33326~~

Mailing Address

DR JEFF M BAUMAN
~~1625 N. COMMERCE PKWY SUITE 305~~
~~WESTON FL 33326~~

50033001

2. Principal Place of Business

DR. JEFF BAUMAN
2237 N. COMMERCE PKWY
 Suite, Apt. #, etc.
3

3. Mailing Address

DR. JEFF BAUMAN
2237 N. COMMERCE PKWY
 Suite, Apt. #, etc.
3



1st MOORE CR2E034 (10/04)

City & State

WESTON FL

City & State

WESTON FL

4. FEI Number

65-0740036

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, JEFF M DR
 1625 N COMMERCE PKWY
 SUITE 305
 WESTON FL 33326

7. Name and Address of New Registered Agent

Name **JEFF M. BAUMAN**
 Street Address (P.O. Box Number is Not Acceptable)
2237 N. COMMERCE PKWY
SUITE 3
 City **WESTON** FL Zip Code **33326**

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

Jeff M. Bauman, Psy.D.

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-30-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSTD	BAUMAN, JEFF M DR	1625 N COMMERCE PKWY STE 305	WESTON FL 33326	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	JEFF BAUMAN	2237 N. COMMERCE PKWY SUITE 3	WESTON FL 33326	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Jeff M. Bauman
 SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFF M. BAUMAN

3-30-05 954-659-0059

Date

Daytime Phone #