2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F42623

1. Entity Name
IRA M. BAUM, D.P.M., P.A.

Principal Place of Business	Mailing Address
8940 N KENDALL DR	8940 N KENDALL DR
801E	SUITE 801E
MIAMI, FL 33176 US	MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE

54065521

06302004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2114661	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN-BAUM, MYNDELL
8940 N KENDALL DR #801E
MIAMI, FL 33176

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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

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

DATE: 7.20 04

FILE NOW!!! FEE IS $150.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	BAUM, IRA
STREET ADDRESS	8940 N KENDALL DR
CITY-ST-ZIP	MIAMI, FL 33176

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 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 IRAM BAUM DPM 7-20-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

3055989454