

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # F42623

1. Entity Name

IRA M. BAUM, D.P.M., P.A.



**FILED  
Aug 15, 2005 8:00 am  
Secretary of State**

07-13-2005 90018 004 \*\*\*150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business		Mailing Address			
8940 N KENDALL DR 801E MIAMI FL 33176 US		8940 N KENDALL DR SUITE 801E MIAMI FL 33176 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZIMMERMAN-BAUM, MYNDELL 8940 N KENDALL DR #801E MIAMI FL 33176				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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

Myndell Zimmerman

(NOTE: Registered Agent signature required when renewing)

6/10

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE: PVT NAME: BAUM, IRA STREET ADDRESS: 8940 N KENDALL DR CITY-ST-ZIP: MIAMI FL 33176</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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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:

Myndell Zimmerman

6/10

Date Daytime Phone #



ATTACHMENT

6602874

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 15, 2005

RECEIVED

AUG 01 2005

IRA M. BAUM, D.P.M., P.A.  
8940 N KENDALL DR  
SUITE 801E  
MIAMI, FL 33176 US

Subject: IRA M. BAUM, D.P.M., P.A.

Reference Number: **F42623**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

125  
This office never received an original  
/LS  
ANNUAL REPORTS SECTION  
form for the annual report. Only  
received a post card stating report  
was late.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314  
Please waive the late fee & process.