

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90134 036 \*\*\*150.00

<b>DOCUMENT # H41239</b>	
1. Entity Name <b>FRANK SCHWIMMER, D.C., P.A.</b>	



Principal Place of Business <del>2446 S. TAMiami TR</del> <b>2700 S. Tamiami Trail</b> SARASOTA, FL 34239	Mailing Address <del>2446 S. TAMiami TR</del> <b>2700 S. Tamiami Trail, Suite 17</b> SARASOTA, FL 34239
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**40054115**

01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2487014</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SCHWIMMER, FRANK</b> <del>2446 S. TAMiami TR</del> <b>2700 S. Tamiami Trail, Suite 17</b> SARASOTA, FL 34239	
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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 <u><i>Frank Schwimmer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE <u><i>4/1/05</i></u>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<input type="checkbox"/> <b>PST</b>	<b>SCHWIMMER, FRANK</b> <b>2700 S TAMiami TRAIL STE 17</b> <b>SARASOTA, FL 34239</b>
<input type="checkbox"/> <b>D</b>	<b>SCHWIMMER, FRANK</b> <b>2700 S TAMiami TRAIL STE 17</b> <b>SARASOTA, FL 34239</b>
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	

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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: <u><i>Frank Schwimmer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u><i>4/1/05</i></u> <small>Date Daytime Phone #</small>