2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11, 2008 08:00 A Secretary of State

	74144		,	—	14166		000 00
DOCUMENT # L08610 1. Entity Name BRUCE JOSTEN, D.O., P.A.					S	Secreta	ry of St
		·· -					
Principal Plac		Mailing Address					
2622 JENKS Panama Cit	AVE Y, FL 32405	2622 JENKS AVE PANAMA CITY, FL 32405					•
					L 4016 1 10110 01101 11011 0011	AIRLI BARIA BARIA AIRLI	91811 81811881 11 1881
State of the second							
and the second of the second o				02132008	No Chg-P	CR2E034 (1	1/05)
Ď	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For
· Editor			<u></u>	59-293			Not Applicable
•	San Aggar		9,	5. Certificate	of Status Desired		'5 Additional lequired
	5. Name and Address of Current Re	gistered Agent	1		I broader as in		115. 3. 3. 3. 3. 3.
HARE, DIANE C CPA			,	**			
2589 JENKS AVE.				שים, ביי	NOT W	RIJE,	iam diagram
PANAMA (CITY, FL 32405		1, 1, 10,	in:	THIS SP	ACE	
				in and and the		3, 4, 1	
	named entity submits this statement for thions of registered agent.	ne purpose of changing its registe	red office or reg	istered agent, or bo	oth, in the State of Flo	rida. I am familia	ar with, and accept
SIGNATURE_							
SIGNATURE	Signature, typed or printed name of registered agent and	tille if applicable (NOTE: Register	ed Agent signature red	quired when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000 03/27/08-	854606 80015-00!	5 158.75
10.	OFFICERS AND DI	RECTORS	r the co	a shajija		્ર સામાર્ક કે હતે.	BANK BOOK O
TITLE	D LOCTEN PRINCE		,		1 1 1 1		
NAME STREET ADDRESS	JOSTEN, BRUCE 4623 N SHORE RD			心气感性論			Piles and a second
CITY-ST-ZIP	LYNN HAVEN, FL			i de la companya de La companya de la co			ng digitalismi in silige Wan indonesia ili digitalismi
TITLE				a section and			
NAME STREET ADDRESS			8 a 5				
CITY-ST-ZIP							
TITLE				,		no brishlerici.	
NAME STREET ADDRESS			3 4. 4 5		A Paris de la Companya de la Company	2 1 th 1	Pin in
CITY-ST-ZIP	ł			DO	NOT W	RITE	tije galak i i i i i i i i i i i i i i i i i i i

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 prostee 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:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

3-6-08

850-784-362