

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90321 042 ***158.75

DOCUMENT # P01000085361			
1. Entity Name JOAN MUIR, PH.D., P.A.			
Principal Place of Business 8551 W SUNRISE BLVD STE 303 PLANTATION, FL 33322 US		Mailing Address 760 STANTON DRIVE 318 Indian Tr WESTON, FL 33326 US	
2. Principal Place of Business		3. Mailing Address 318 INDIAN TRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WESTON, FL	
Zip	Country	Zip	Country
		33326	
4. FEI Number 47-0873415		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUIR, JOAN PHD 760 STANTON DR 318 Indian TRACE WESTON, FL 33326		Name: MUIR, JOAN Ph. D. Street Address (P.O. Box Number is Not Acceptable): 318 INDIAN TRACE 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD NAME: MUIR, JOAN PH. D. STREET ADDRESS: 2143 SW 173 AVENUE CITY-ST-ZIP: MIRAMAR, FL 33029	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 318 INDIAN TRACE CITY-ST-ZIP: WESTON, FL 33326	
TITLE: VP NAME: PERDOMO-JOHNSON, DORIS STREET ADDRESS: 1425 NW 10TH AVE SUITE 309 CITY-ST-ZIP: MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 1501 VENERA AVENUE, SUITE 230 CITY-ST-ZIP: CORAL GABLES, FL 33146	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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>Joan Muir</u>		Date: <u>4/6/05</u> Daytime Phone #: <u>(954)746-1073</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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