


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90029 024 ***150.00

DOCUMENT # P02000033453 1. Entity Name JOSHUA BAKUN, DC, P.A.			
Principal Place of Business 3101 PORT ROYALE BLVD., #813 FT. LAUDERDALE FL 33308		Mailing Address 3101 PORT ROYALE BLVD., #813 FT. LAUDERDALE FL 33308	
2. Principal Place of Business Ft. Lauderdale Pain Relief Center Suite, Apt. #, etc. 201 W. OAKLAND PARK BLVD.		3. Mailing Address Suite, Apt. #, etc. 1631 S. Federal Hwy #209	
City & State Ft. Lauderdale, FL Zip 33311		City & State Pompano Bch, FL Zip 33062	
Country U.S.A.		Country U.S.A.	
4. FEI Number 03-0427245		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKUN, JOSHUA 3101 PORT ROYALE BLVD., # 1117 FT. LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name Bakun, Joshua Street Address (P.O. Box Number is Not Acceptable) 1631 S. Federal Hwy. #209 City Pompano Beach, FL Zip Code 33062	
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 Joshua Bakun Director		DATE 3/6/04	
<small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKUN, JOSHUA 3101 PORT ROYALE BLVD., #813 FT. LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bakun, Joshua 1631 S. Federal Hwy. #209 Pompano Bch, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Josh Bakun		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Josh Bakun, P.C., PA Director	
DATE 3/6/04		Daytime Phone # (954) 288-7355	