


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

07-25-2005 90101 003 ***550.00

DOCUMENT # P04000170893 1. Entity Name ALEXANDRA CROSSMAN, M.D., P.A.					
Principal Place of Business 1723 NORTH HALIFAC AVENUE DAYTONA BEACH, FL 32118			Mailing Address 1723 NORTH HALIFAC AVENUE DAYTONA BEACH, FL 32118		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3793348	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CROSSMAN, ALEXANDRA 1723 NORTH HALIFAC AVENUE DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 CROSSMAN, ALEXANDRA 1723 NO. HALIFAX AVENUE DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <i>7/22/05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT
A. M. CUPOLO & COMPANY, P.A.

6602067
CERTIFIED PUBLIC ACCOUNTANTS

410 N. HALIFAX AVENUE SUITE D
DAYTONA BEACH, FLORIDA 32118

July 22, 2005

PHONE 386-252-4214
FAX 386-255-4063

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Alexandra Crossman, M.D., P.A.
P 04000170893
Corporate - 2005 Annual Report

Gentlemen:

We have enclosed herewith our client's check #1004 in the amount of \$550.00 for the 2005 Corporate Annual Report (AR).

Because of the special circumstances relating to Alexandra Crossman, the corporate president, sole shareholder and employee, we are requesting you refund the \$400.00 late filing penalty based on the following.

Dr. Crossman is new to this area and her P.A. represents her first venture into the solo practice of medicine and business venture. During the beginning of 2005 Dr. Crossman was establishing her homestead, providing for on-going care for her two young dependent children, and making application for her insurance provider numbers in addition to working. She did not know, nor did she have any reason to know, what the postcard size annual report was. Due to her inexperience in business and tax matters, the original (AR) form may have been disregarded, although she does not remember receiving it.

Clearly, Dr. Crossman was under a great deal of stress and uncertainties during this period, and she simply failed to file and pay the 2005 (AR) timely. We believe this failure to file and pay the 2005 (AR) was not an intentional disregard of the Florida Statutes and DOR's Regulations, but rather due to her inexperience. The problem has now been addressed and solved in that we are handling Dr. Crossman's tax matters. We respectfully request you refund the \$400.00 penalty due to a reasonable cause showing. Thank you for your consideration in this matter.

Sincerely,


A. M. Cupolo

AMC:kg
Encl.
cc: Dr. Crossman



ATTACHMENT

66027047

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 28, 2005

ALEXANDRA CROSSMAN, M.D., P.A.
1723 NORTH HALIFAC AVENUE
DAYTONA BEACH, FL 32118

Subject: **ALEXANDRA CROSSMAN, M.D., P.A.**

Reference Number: **P04000170893**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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.

/LS

ANNUAL REPORTS SECTION