

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000165795

1. Entity Name
DAVID A. BUCHSBAUM, P.A.



FILED

07 JUL 30 AM 8:24

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2535 NE 206 LANE
N. MIAMI BEACH, FL 33180**

Mailing Address
**2535 NE 206 LANE
N. MIAMI BEACH, FL 33180**

2. Principal Place of Business - No P.O. Box #
6230 SW 58th Court

3. Mailing Address
6230 SW 58th Court

Suite, Apt. #, etc.

City & State
Davie Florida

City & State
Davie FLORIDA

Zip
33314

Country
USA

Zip
33314

Country
USA

07092007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4002229

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUCHSBAUM, DAVID A.
2535 NE 206 LANE
N. MIAMI BEACH, FL 33180**

7. Name and Address of New Registered Agent

Name
BUCHSBAUM, DAVID A.

Street Address (P.O. Box Number is Not Acceptable)
6230 SW 58th Court

City
Davie

FL

Zip Code
33314

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 *David A. Buchsbaum* **7/25/07**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$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 BUCHSBAUM, DAVID A. 2535 NE 206 LANE N. MIAMI BEACH, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHSBAUM, DAVID A. 6230 SW 58th Court Davie, Florida 33314 <input checked="" 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	800107467508 08/07/07--01058--027 **\$61.25 <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
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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 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: *David A. Buchsbaum* **David A. Buchsbaum President** **7/25/07** **954/817-4730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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