


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90002 038 \*\*\*550.00

<b>DOCUMENT # P93000075629</b>	
1. Entity Name <b>EDWARD J. ULLMANN, JR., P.A.</b>	

Principal Place of Business <b>10911 BONITA BEACH RD SE STE 2031 BONITA SPRINGS, FL 34135-9048 US</b>	Mailing Address <b>10911 BONITA BEACH RD SE STE 2031 BONITA SPRINGS, FL 34135-9048 US</b>
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**50059813**



2. Principal Place of Business <b>333 NW 70th AV</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>205</b>	Suite, Apt. #, etc.

07222005 Chg-P CR2E034 (10/03)

City & State <b>PLANTATION, FL</b>	City & State
Zip <b>33317-2300</b>	Country <b>US</b>

4. FEI Number <b>65-0450452</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LUMSDEN, DENNIS J ESQ 6719 WINKLER RD. STE. 121 FORT MYERS, FL 33919</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ULLMANN, EDWARD J JR 10911 BONITA BEACH RD SE #2031 BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>333 NW 70th AVE, STE 205 PLANTATION, FL 33317-2300</b>
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: 	<b>EDWARD J. ULLMANN, JR.</b>	Date <b>07/27/05</b>	Daytime Phone # <b>954-992-9389</b>
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ATTACHMENT

50059813

# Phoenix Institute

Plantation Medical Arts  
333 NW 70<sup>th</sup> Avenue - Ste 205  
Plantation, Fl 33317 954-792-9389

July 27, 2005

Division of Corporations  
P. O. Box 6198  
Tallahassee, Fl 32314

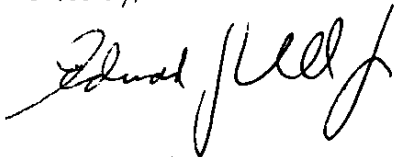
To Whom It May Concern:

I received the "notice of intent to dissolve" and never received the initial request. I am a one man office and cannot keep track of when everything is due. I resent having to pay \$550.00 (enclosed) because I didn't receive invoice. I pay my bills when I receive them.

Please note my address change as of June 1, 2005, which I did send you notice of in May and as you can see the copy of the notice of intent was received June 30, 2005.

My accountant obliged me of getting a copy of the Document #P93000075629.

Sincerely,



Edward J. Ullmann, Jr., ACSW, LCSW, DCSW