


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000003551		
1. Entity Name HARVEY A. NUSSBAUM, P.A.		
Principal Place of Business 2000 GLADES RD. #110 BOCA RATON, FL 33486 US		Mailing Address 2000 GLADES RD. #110 BOCA RATON, FL 33486 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NUSSBAUM, HARVEY A 2000 GLADES RD. #110 BOCA RATON, FL 33486		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election: Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	NUSSBAUM, HARVEY A	
STREET ADDRESS	2000 GLADES RD. #110	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u><i>Harvey Nussbaum, Pres.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/2/06</u> <small>Date</small>
		<u>(561) 338-0733</u> <small>Daytime Phone #</small>



05092006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0547259** Applied For
Not Applicable

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

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05/20/06-80095-007 150.00