## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P95000030229**

1. Entity Name HANK HIMMELBAUM, L.C.S.W., P.A.

Principal Place of Business

7300 W CAMINO REAL

SUITE 213 BOCA RATON, FL 33433 Mailing Address

7300 W CAMINO REAL

SUITE 213

BOCA RATON, FL 33433

FILED Mar 19, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0576469 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIMMELBAUM, HANK 4265 CEDAR CREEK RD BOCA RATON, FL 33487

## DO NOT WRITE IN THIS SPACE

						<del> </del>
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	d office or n	egistered agent, or bo	th, in the State of Florida. I am familiar w	ith, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	t applicable. (NOTE. Registered	Agent signature	required when reinstating)	DATE	
FILE NOWILL FEE IS \$150,00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.			aing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS GITY-ST-ZEP	P HIMMELBAUM, HANK CEO 4265 CEDAR CREEK RD BOCA RATON, FL 33467				U00000092474 03/19/04-80010-013	150 ላይ
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/13/04 00010 013	
TITLE NAME STREET ADDRESS CITY-ST-DP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with this fit	ing does not qualify for the exem	option state	f in Section 119.07(3)(	(i), Florida Statutes. I further certify that it	ne information cer or director

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 is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empoyered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

118/04

561-353-358