

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90124 021 ***150.00

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**

50029679



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062005 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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**7300 W Camino Real
Ste 213**

City **Boca Raton**

FL

Zip Code **33433**

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

Hank Himmelbaum

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 **P** ☐ Delete
NAME **HIMMELBAUM, HANK CEO**
STREET ADDRESS **4265 CEDAR CREEK RD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☒ Change ☐ Addition
NAME **7300 W Camino Real Ste 213**
STREET ADDRESS **Boca Raton FL 33433**
CITY-ST-ZIP **33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Hank Himmelbaum L.C.S.W.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

Date

561-353-3533

Daytime Phone #