


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000038958 1. Entry Name ALAN J. SCHWARTZ, D.C., P.A.					
Principal Place of Business 897 E. SEMORAN BLVD. CASSELBERRY FL 32707			Mailing Address 897 E. SEMORAN BLVD. CASSELBERRY FL 32707		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3324170	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEWIN, KARL 897 E. SEMORAN BLVD. CASSELBERRY FL 32707				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LEWIN, KARL 897 E. SEMORAN BLVD. CASSELBERRY FL 32707	<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	P LEWIN, KARL 897 E. SEMORAN BLVD. CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000303752 04/14/05-80017-006 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEWIN, KARL 897 E. SEMORAN BLVD. CASSELBERRY FL 32707	<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	T LEWIN, KARL 897 E. SEMORAN BLVD. CASSELBERRY FL 32707	<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	<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KARL LEWIN

4-11-5

**407
7679
8269**