

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0063251

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUL 13 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000003998** ✓

1. Corporation Name

**LAURA DENSON BAUM, M.D., P.A.**

Principal Place of Business

**6100 GLADES ROAD  
SUITE 302  
BOCA RATON FL 33434**

Mailing Address

**6178 N.W. 31ST AVENUE  
BOCA RATON FL 33496**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/09/1997**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>2300 GLADES ROAD</b>	26	<b>65-0725363</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 <b>SUITE 305</b>	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 <b>BOCA RATON, FL</b>	28		
Zip	Country		
24 <b>33431</b>	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**BAUM, LAURA D  
6100 GLADES ROAD  
SUITE 302  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name	<b>LAURA D. BAUM</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2300 GLADES ROAD</b>
83	<b>SUITE 305</b>
84 City	<b>BOCA RATON</b>
85 Zip Code	<b>FL 33431</b>

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUM, LAURA D</b>	1.2 NAME	
STREET ADDRESS	<b>6178 N.W. 31ST AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

**Laura D. Baum, MD (901) 395-0845**

CR2E034 (5/99)

FROM : ROBERT ZUCKER CPA

PHONE NO. : 561 997 6366

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*Robert W. Zucker, C.P.A., P.A.*

Certified Public Accountants

4842 Willow Drive  
Boca Raton, FL 33487

Telephone (561) 997-7560  
Facsimile (561) 997-6366

July 1, 1999

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

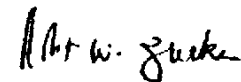
I am writing on behalf of my client, Laura Denson Baum, M. D., P.A. ( 65-0725363) regarding the enclosed annual report.

I prepare many annual reports for clients and can determine which ones by reviewing the control schedule, which I maintain. For the year 1999, my office prepared the annual report for the above-mentioned client on a timely basis. Apparently, when the report was mailed back to my client for signature, there was a foul up with the mail, since according to my client's records, it was never received. It was not until receipt of the enclosed annual report that this error was discovered.

I respectfully request that you abate the late filing fee and accept the enclosed check as payment of the 1999 annual report. I am not aware of any prior late filing penalties assessed to this client either by the State of Florida or the Federal Government. Had there not been this mail mix up the annual report would have been filed timely.

Thank you for your anticipated cooperation in this matter.

Very truly yours,  
ROBERT W. ZUCKER, CPA, P.A.



Robert W. Zucker