YEAR 2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000098849

1. Entity Name

ALBAN B. BACCHUS, M.D., INC.

FILED
04-19-2004 90308 023 ***150.00
04 APR 30 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2889 10TH AVE. NORTH	2889 10TH AVE. NORTH
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc. SUITE 301
City & State LAKE WORTH, FLORIDA	City & State LAKE WORTH, FLORIDA
Zip 33461 Country	Zip 33461 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0799598 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name ALBAN B. BACCHUS,

Street Address (P.O. Box Number is Not Acceptable) 2889 10TH AVE. NORTH

SUITE 301

City LAKE WORTH FL Zip Code 33461

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	BACCHUS, ALBAN B.
STREET ADDRESS	2889 10TH AVE. NORTH, SUITE 301
CITY-ST-ZIP	LAKE WORTH, FLORIDA 33461
TITLE	VICE PRESIDENT
NAME	BACCHUS, ALBAN B.
STREET ADDRESS	2889 10TH AVE. NORTH, SUITE 301
CITY-ST-ZIP	LAKE WORTH, FLORIDA 33461
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alban Bacchus 04/14/04 (561)966-2303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALBAN B. BACCHUS, M.D.

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