

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2005 08:00 AM  
Secretary of State

DOCUMENT # P97000098849



1. Entity Name

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

Principal Place of Business  
2889 10TH AVENUE, NORTH  
SUITE 301  
LAKE WORTH FL 33461

Mailing Address  
2889 10TH AVENUE, NORTH  
SUITE 301  
LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0797578

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

BACCHUS, ALBAN B  
2889 10TH AVE N.  
STE. #301  
LAKE WORTH FL 33461

Name

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

City

FL

Zip Code

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

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

(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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BACCHUS, ALBAN B  
STREET ADDRESS 2889 10TH AVENUE, NORTH, STE 301  
CITY- ST- ZIP LAKE WORTH FL 33461

TITLE ☐ Change ☐ Addition  
NAME 1100000226595  
STREET ADDRESS 02/12/05-80022-013 150.00  
CITY- ST- ZIP

TITLE VP ☐ Delete  
NAME BACCHUS, ALBAN B  
STREET ADDRESS 2889 10TH AVENUE, NORTH, STE 301  
CITY- ST- ZIP LAKE WORTH FL 33461

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 ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALBAN BACCHUS 2.9.05 (561) 966-2303