2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010096

FILED
Jan 06, 2005
Secretary of State

Entity Name: BAUMAN MEDICAL GROUP, P.A.

Current Principal Place of Business:

6861 SW 18TH ST.
SUITE 102
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

6861 SW 18TH ST.
SUITE 102
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0810587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOOM, JONATHAN ESQUIRE
16401 VIA VENETIA EAST
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

BLOOM, JONATHAN ESQUIRE
2295 N.W. CORPORATE BOULEVARD
117
BOCA RATON, FL 33431 US

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.

SIGNATURE: JONATHAN BLOOM 01/06/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: BAUMAN, ALAN J
Address: 23209 LERMITAGE CIR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BAUMAN, ALAN J
Address: 23209 LERMITAGE CIR
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN BAUMAN P 01/06/2005
Electronic Signature of Signing Officer or Director Date