


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90057 037 ***150.00

DOCUMENT # P98000100012 1. Entity Name: JOANNE L. BUJNOSKI, D.O., P.A.					
Principal Place of Business: SACRED HEART CENTER FOR CANCER 5151 NORTH 9TH AVENUE PENSACOLA, FL 32504				Mailing Address: SACRED HEART CENTER FOR CANCER 5151 NORTH 9TH AVENUE PENSACOLA, FL 32504	
2. Principal Place of Business Suite, Apt. #, etc.:				3. Mailing Address Suite, Apt. #, etc.:	
City & State:				City & State:	
Zip:		Country:		4. FEI Number: 59-3549439	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUJNOSKI, JOANNE L D.O. SACRED HEART CENTER FOR CANCER 5151 NORTH 9TH AVENUE PENSACOLA, FL 32504				7. Name and Address of New Registered Agent 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE: VD NAME: MOYSES, MICHAEL H MD <input type="checkbox"/> Delete STREET ADDRESS: 3771 MACKEY COVE DR. CITY-ST-ZIP: PENSACOLA, FL 32514			TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: BUJNOSKI, JOANNE L. D.O. STREET ADDRESS: 8680 SCENIC HWY, APT. 20 CITY-ST-ZIP: PENSACOLA, FL 32514		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ 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: <i>Joanne L. Bujnoski</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/13/04 850-416-6700 <small>Date Daytime Phone #</small>	