



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90040 009 \*\*\*150.00

<b>DOCUMENT # P98000100012</b>					
1. Entity Name <b>JOANNE L. BUJNOSKI, D.O., P.A.</b>					
Principal Place of Business <b>SACRED HEART CENTER FOR CANCER 5151 NORTH 9TH AVENUE PENSACOLA, FL 32504</b>			Mailing Address <b>SACRED HEART CENTER FOR CANCER 5151 NORTH 9TH AVENUE PENSACOLA, FL 32504</b>		
2. Principal Place of Business - No P.O. Box # <b>Baptist Hospital 1917 NE St.</b>		3. Mailing Address <b>2021 Banquos Trail</b>			
Suite, Apt. #, etc. <b>1917 NE St.</b>		Suite, Apt. #, etc.		02282008 Chg-P CR2E034 (12/06)	
City & State <b>Pensacola, FL</b>		City & State <b>Pensacola, FL</b>		4. FEI Number <b>59-3549439</b>	
Zip <b>32501</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32503</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUJNOSKI, JOANNE L D.O. SACRED HEART CENTER FOR CANCER 5151 NORTH 9TH AVENUE PENSACOLA, FL 32504</b>			7. Name and Address of New Registered Agent Name <b>Joanne L. Bujnoski, D.O.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2021 Banquos Trail</b> City <b>Pensacola, FL</b> Zip Code <b>32503</b>		
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 <b>Joanne Bujnoski</b> DATE <b>3/11/08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOYSES, MICHAEL H MD 3401 MARCUS POINTE BLVD PENSACOLA, FL 32505 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUJNOSKI, JOANNE L DO 2021 BANQUOS TRL PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Joanne Bujnoski</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/11/08</b> Daytime Phone # <b>850-437-0343</b>		
<b>Joanne L. Bujnoski</b>					