

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90001 020 \*\*\*150.00

DOCUMENT # P99000080654



1. Entity Name  
 JEFFREY A. LEWIN, D.C., P.A.

Principal Place of Business Mailing Address  
 4866 NW 99TH LANE 4866 NW 99TH LANE  
 CORAL SPRINGS, FL 33076 US CORAL SPRINGS, FL 33076 US

54062081



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For  
 65-0951849 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEWIN, JEFFREY A  
 4866 NW 99TH LANE  
 CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 10893 NW 70th Ct  
 City Parkland FL Zip Code 33076

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 *Jeffrey Lewin, President* DATE 7/13/04  
Signature required. Insert name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	LEWIN, JEFFREY A	
STREET ADDRESS	4866 NW 99TH LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10893 NW 70th Ct	
CITY-ST-ZIP	Parkland, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Jeffrey Lewin, President* DATE 7/13/04 DAYTIME PHONE # 315-5763  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54062081  
# P99000080654

Jeffrey A. Lewin, DC, PA  
10893 NW 70<sup>th</sup> Court  
Parkland, Florida 33076

July 7, 2004

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

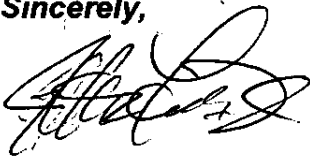
To Whom It May Concern:

Enclosed please find my 2004 For Profit Corporation Annual Report and filing fee of \$150.00. I did not receive this report via regular mail so I am submitting the form that was available from the internet.

If you have any questions, please feel free to contact me at 954-345-5763.

Thank you.

Sincerely,



Jeffrey A. Lewin, DC  
President