


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90086 024 ***150.00

DOCUMENT # V67449 1. Entity Name COMPUTER MEDIC CENTER OF NORTH PALM BEACH, INC.			
Principal Place of Business 600 NORTHLAKE BLVD. B N. PALM BCH., FL 33408 US		Mailing Address 600 NORTHLAKE BLVD. B N. PALM BCH., FL 33408 US	
2. Principal Place of Business 958 Northlake Blvd. Suite, Apt. #, etc.		3. Mailing Address 958 Northlake Blvd. Suite, Apt. #, etc.	
City & State Lake Park, FL Zip 33403 Country USA		City & State Lake Park, FL Zip 33403 Country USA	
4. FEI Number 65-0411433		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUKOWSKI, ELENA S. 15838 76TH RD NORTH LOAHATCHEE, FL 33470		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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BUKOWSKI, DANIEL J. STREET ADDRESS 15838 76TH RD N CITY-ST-ZIP LOXAHATCHEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME BUKOWSKI, ELENA S STREET ADDRESS 15838 76 ROAD NORTH CITY-ST-ZIP LOXAHATCHEE, FL	<input 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	<input 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	<input 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	<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 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: <u>Elena S. Bukowski</u> Elena S. Bukowski <u>4/15/05</u> <u>561-844-0707</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			