

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F33835** (2)

1. Corporation Name
AARON M. SHEVLIN, D.P.M., P.A.



Principal Place of Business
**1696 SE HILLMOOR DR. STE A
C/O AARON SHEVLIN
PORT ST. LUCIE FL 34952
US**

Mailing Address
**1696 SE HILLMOOR DR. STE A
C/O AARON SHEVLIN
PORT ST. LUCIE FL 34952
US**

2. Principal Place of Business		2a. Mailing Address	
21	Subst. Apt. #, etc.	26	Subst. Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Organized 05/07/1981	3a. Date of Last Report 04/26/1995
4. FEI Number 59-2088160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHEVLIN, AARON
1696 S.E. HILLMOOR DR.
SUITE A
PORT ST LUCIE FL 33452**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and (3) and 607.11(1) Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. A change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with, and accept, the obligations of Sections 607.05(2) Florida Statutes.

SIGNATURE: *Aaron M. Shevlin*

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	SHEVLIN, AARON M.	
STREET ADDRESS	1696 SE HILLMOOR DRIVE, SUITE A	
CITY-ST-ZIP	PORT STS. LUCIE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is validated, furnished and does not qualify for the exempt or stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate. If my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or a sole proprietor or business employee of a closely held corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an amendment thereto with an address.

SIGNATURE: *Aaron M. Shevlin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

407-335-0057
Department

CR2E034 (12/95)