

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031526

Entity Name: DR. NETTA SHAKED, P.A.

FILED  
Feb 21, 2011  
Secretary of State

**Current Principal Place of Business:**

429 LENOX AVENUE  
4W14  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1000 5TH STREET  
225  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

429 LENOX AVENUE  
4W14  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1000 5TH STREET  
225  
MIAMI BEACH, FL 33139

FEI Number: 26-2263546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAKED, NETTA  
429 LENOX AVENUE  
4W14  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

SHAKED, NETTA  
1000 5TH STREET  
225  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: DR. NETTA SHAKED

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SHAKED, NETTA DR.  
Address: 1000 5TH STREET, SUITE 225  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. NETTA SHAKED

DR

02/21/2011

Electronic Signature of Signing Officer or Director

Date