

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083227

FILED  
Apr 12, 2010  
Secretary of State

Entity Name: SHACHAR PELES, M.D., P.A.

**Current Principal Place of Business:**

1309 N FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15978  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

FEI Number: 26-3348588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PELES, SHACHAR MD  
1309 N FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PELES, SHACHAR MD  
Address: 1309 N FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

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: SHACHAR PELES

D

04/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date