

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90184 003 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000075110**

1. Corporation Name  
**SHACHNER & ZARAGOZA M.D., P.A.**



Principal Place of Business  
**8130 ROYAL PALM BEACH BLVD SUITE 204  
 CORAL SPRINGS FL 33065**

Mailing Address  
**8130 ROYAL PALM BEACH BLVD SUITE 204  
 CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/13/1994**

4. FEI Number  
**65-0525393**

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 8150 Royal Palm Blvd**

2a. Mailing Address  
**26 8150 Royal Palm Blvd**

Suite, Apt. #, etc.  
**22 Suite 101**

27 **Suite 101**

City & State  
**23 Coral Springs, FL**

28 **Coral Springs, FL**

Zip Country  
**24 33065 25**

29 **33065 30**

9. Name and Address of Current Registered Agent

**SHACHNER, MARK S MD  
 8130 ROYAL PALM BEACH BLVD SUITE 204  
 CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**8150 Royal Palm Blvd**

83 **Suite 101**

84 City **Coral Springs** FL 85 Zip Code **33065**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Mark S. Shachner M.D.** **2/19/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	SHACHNER, MARK S MD	8130 ROYAL PALM BEACH BLVD SUITE 204	CORAL SPRINGS FL 33065	<input type="checkbox"/>
T	SCACHNER, ROBIN	8130 ROYAL PALM ROAD #204	CORAL SPRINGS FL	<input type="checkbox"/>
S	ZARAGOZA, BERNARD J	8130 ROYAL PALM BLVD #201	CORAL SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		8150 Royal Palm Blvd, Suite 101		<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Shachner, Robin	8150 Royal Palm Blvd Suite 101		<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<del>Shachner</del>	<del>8150 Royal Palm Blvd, Suite 101</del>		<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Mark S. Shachner, M.D.** **2/19/99** **954-755-0111**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)