

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105487

Entity Name: ADAM M. SHAPKIN, D.C. P.A.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

20334 NW 2ND AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

5239 SW 40TH AVENUE
FORT LAUDERDALE, FL 33314

New Mailing Address:

1489 SW 99TH TER
DAVIE, FL 33324

FEI Number: 65-1149382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPKIN, ADAM M D.C.
5239 SW 40TH AVENUE
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

SHAPKIN, ADAM M D.C.
1489 SW 99TH TER
DAVIE, FL 33324 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: _____

Electronic Signature of Registered Agent

01/22/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: SHAPKIN, ADAM M
Address: 5239 SW 40TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: SHAPKIN, ADAM M
Address: 1489 SW 99TH TER
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADAM M. SAPKIN, D.C., P.A.

Electronic Signature of Signing Officer or Director

PVST

01/22/2009

Date