

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075110

FILED
Jan 05, 2011
Secretary of State

Entity Name: SHACHNER, ZARAGOZA & SHINTRE, M.D., P.A.

Current Principal Place of Business:

3001 CORAL HILLS DRIVE
SUITE 320
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3001 CORAL HILLS DRIVE
SUITE 320
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0525393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHACHNER, MARK S MD
3001 CORAL HILLS DRIVE
SUITE 320
CORAL SPRINGS, FL 33065 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

OFFICERS AND DIRECTORS:

Title: D
Name: SHACHNER, MARK S MD
Address: 3001 CORAL HILLS DRIVE, SUITE 320
City-St-Zip: CORAL SPRINGS, FL 33065

Title: N/A
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

Title: VP
Name: ZARAGOZA, BERNARD J
Address: 3001 CORAL HILLS DRIVE, SUITE 320
City-St-Zip: CORAL SPRINGS, FL 33065

Title: N/A
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

Title: N/A
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, FL NONE

Title: S
Name: SHINTRE, NIRANJAN
Address: 3001 CORAL HILLS DRIVE, SUITE 320
City-St-Zip: CORAL SPRINGS, FL 33065

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: MARK SHACHNER

MGR

01/05/2011

Electronic Signature of Signing Officer or Director

Date