

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 681489

**Entity Name:** ALEXANDER SHIMAN, M.D., P.A.

**Current Principal Place of Business:**

7421 N UNIVERSITY DR. #203  
TAMARAC, FL 33321

**Current Mailing Address:**

7421 N UNIVERSITY DR. #203  
TAMARAC, FL 33321

**FEI Number:** 59-2015355

**Certificate of Status Desired:** No

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

SHIMAN, ALEXANDER, M.D.  
7421 N UNIVERSITY DR. #203  
TAMARAC, FL 33321 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name SHIMAN, ALEXANDER, M.D.  
Address 7421 N UNIVERSITY DR.  
City-State-Zip: FORT LAUDERDALE FL 33321

*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:** ALEXANDER SHIMAN

**PRES**

**02/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date