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 S SHACHNER

Electronic Signature of Signing Officer/Director Detail

Date

01/09/2013

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075110

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

Current Principal Place of Business:

3001 CORAL HILLS DRIVE SUITE 320 CORAL SPRINGS, FL 33065

Current Mailing Address:

3001 CORAL HILLS DRIVE SUITE 320 CORAL SPRINGS, FL 33065

FEI Number: 65-0525393

Name and Address of Current Registered Agent:

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

Officer/Director Detail :			
Title	DR	Title	VP
Name	SHACHNER, MARK SMD	Name	ZARAGOZA, BERNARD J
Address	3001 CORAL HILLS DRIVE, SUITE 320	Address	3001 CORAL HILLS DRIVE, SUITE 320
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065
Title	S		
Name	SHINTRE, NIRANJAN		
Address	3001 CORAL HILLS DRIVE, SUITE 320		
City-State-Zip:	CORAL SPRINGS FL 33065		

Certificate of Status Desired: No

Jan 09, 2013 Secretary of State CC5283655544

Date

FILED