


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90014 021 ***150.00

DOCUMENT # 502382		
1. Entity Name IRA M. SHULMAN, M.D., P.A.		

Principal Place of Business 350 N.W. 70TH AVE. PLANTATION, FL 33317	Mailing Address 350 N.W. 70TH AVE. PLANTATION, FL 33317
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40044323

2. Principal Place of Business 333 N.W. 70th Ave Suite, Apt. #, etc. Ste 120	3. Mailing Address 333 N.W. 70th Ave Suite, Apt. #, etc. Ste 120
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City & State Plantation, FL	City & State Plantation, FL	4. FEI Number 59-1659416	Applied For <input type="checkbox"/> Not Applicable
Zip 33317	Country U.S.A.	Zip 33317	Country U.S.A.

03172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SHULMAN, IRA M.D. 350 N.W. 70TH AVE. SUITE A PLANTATION, FL 33317	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 N. W. 70th Ave, Ste 120 City Plantation FL Zip Code 33317	
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>IRA M. SHULMAN</u> 3/29/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHULMAN, IRA M. 350 N.W. 70TH AVE. PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>IRA M. SHULMAN</u> 3/29/05 954 792-5750 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	
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