


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 600984	
1. Entity Name SHERIF SHAFETY M.D. PROFESSIONAL ASSOICATION	

Principal Place of Business 3661 SOUTH MIAMI AVE. SUITE 907 MIAMI, FL 33133	Mailing Address 3661 SOUTH MIAMI AVE. SUITE 907 MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1258311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMAS B. ARDEN, LAW OFFICES OF 1601 N PALM AVE # 304-C PEMBROKE PINES, FL 33026	DO NOT WRITE IN THIS SPACE
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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 ☒ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000123449 04/22/04-80005-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFETY, SHERIF 3661 S. MIAMI AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAFETY, SHERIF 3661 S. MIAMI AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAFETY, MARY B 3661 S MIAMI AVE # 907 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sherif Shafty M.D., P.A.* **4/14/04 305854 3816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

SHERIF SHAFETY, M.D.