

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600984

FILED
Apr 14, 2005
Secretary of State

Entity Name: SHERIF SHAFEY M.D. PROFESSIONAL ASSOICATION

Current Principal Place of Business:

3661 SOUTH MIAMI AVE.
SUITE 907
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3661 SOUTH MIAMI AVE.
SUITE 907
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-1258311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS B. ARDEN, LAW OFFICES OF
1601 N PALM AVE
304-C
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

MCGRANE & NOSICH, P.A.
2801 PONCE DE LEON BLVD
12TH FLOOR
CORAL GABLES, FL 33134 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: MILES MCGRANE III

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAFEY, SHERIF,
Address: 3661 S. MIAMI AVE.
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: SHAFEY, SHERIF,
Address: 3661 S. MIAMI AVE.
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: SHAFEY, MARY B
Address: 3661 S MIAMI AVE # 907
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHERIF SHAFEY MD

PD

04/14/2005

Electronic Signature of Signing Officer or Director

Date