

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 603747

1. Entity Name
**PALM BEACH EYE ASSOCIATES - RICHARD G.
SHUGARMAN, M.D., P.A.**



Principal Place of Business
**109A JFK DR
ATLANTIS, FL 33462**

Mailing Address
**109A JFK DR
ATLANTIS, FL 33462**

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1420390	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

**SHUGARMAN, RICHARD G., M.D.
109-A JFK DRIVE
ATLANTIS, FL 33462**

**DO NOT WRITE
IN THIS SPACE**

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 *Richard Shugman*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required which is on-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHUGARMAN, RICHARD G 109 A JOHN F. KENNEDY CIR ATLANTIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHUGARMAN, RICHARD G. 109A JOHN F. KENNEDY CIR ATLANTIS, FL
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04/07/05-80032-002 150.00

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #