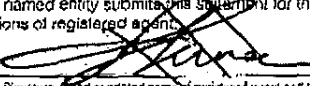
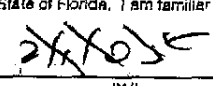
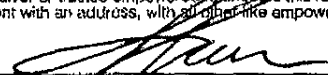


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Feb 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # 681489 1. Entity Name ALEXANDER SHIMAN, M.D., P.A.														
Principal Place of Business 7421 N UNIVERSITY DR. #203 TAMARAC, FL 33321	Mailing Address 7421 N UNIVERSITY DR. #203 TAMARAC, FL 33321													
DO NOT WRITE IN THIS SPACE														
		 01052005 No Chg-P CR2E034 (10/03)												
		4. FEI Number 59-2015355 Applied For Not Applicable												
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required												
6. Name and Address of Current Registered Agent SHIMAN, ALEXANDER, M.D. 7421 N UNIVERSITY DR. #203 TAMARAC, FL 33321		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  (NOTE: Registered Agent signature required when retaking)  Signature, typed or printed name of registered agent and title if applicable.														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>DP SHIMAN, ALEXANDER, M.D. 7421 N UNIVERSITY DR. FORT LAUDERDALE, FL 33321</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHIMAN, ALEXANDER, M.D. 7421 N UNIVERSITY DR. FORT LAUDERDALE, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 U00000215463 02/05/05-80010-004 150.00
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/1/05 954-722-3200 Date: Daytime Phone #												