

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


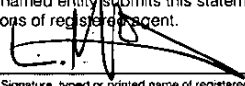
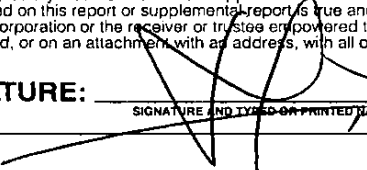
**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90568 008 \*\*\*150.00

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04072005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F26690</b>					
1. Entity Name SALO R. SCHAPIRO, M.D., P.A.					
Principal Place of Business 2499 GLADES ROAD SUITE 201 BOCA RATON, FL 33431 US			Mailing Address PLOUCHA, ESQ., LAWRENCE, M 1946 TYLER STREET HOLLYWOOD, FL 33022-2088 US		
2. Principal Place of Business		3. Mailing Address 100 S.E. 3rd Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 14th Floor			
City & State		City & State Fort Lauderdale, FL		4. FEI Number 59-2090742	
Zip		Country USA		Applied For Not Applicable	
Zip 33394		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLOUCHA, ESQ L M ATKINSON, DINER, STONE, BLACK, MANKUTA, PA 1946 TYLER ST HOLLYWOOD, FL 33022			7. Name and Address of New Registered Agent Name L.M. Ploucha, Esq. Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza, 14th Floor 100 S.E. 3rd Avenue City Fort Lauderdale FL Zip Code 33394		
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  L M PLOUCHA 4/8/2005 (NOTE: Registered Agent signature required when reinstating)					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SCHAPIRO, SALO R., M.D. 2499 GLADES ROAD, SUITE 201 BOCA RATON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAPIRO, SALO R., MD 2499 GLADES ROAD, SUITE 201 BOCA RATON, FL	<input type="checkbox"/> Delete			
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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: 			4-11-05 561-361-9559		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		