

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F26690**

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

**100 S.E. 3RD AVE.  
14TH FLOOR  
FORT LAUDERDALE, FL 33394 US**



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2090742</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PLOUCHA, ESQ L M  
ONE FINANCIAL PLAZA, 14TH FLOOR  
FORT LAUDERDALE, FL 33394**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-22-08*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	<b>PDS SCHAPIRO, SALO R., M.D. 2499 GLADES ROAD, SUITE 201 BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHAPIRO, SALO R., MD 2499 GLADES ROAD, SUITE 201 BOCA RATON, FL</b>
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01/28/08-80029-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

*1-22-08 561-361-9559*