

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F26690

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** SALO R. SCHAPIRO, M.D., P.A.

**Current Principal Place of Business:**

2499 GLADES ROAD  
SUITE 114  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2090742      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: SCHAPIRO, SALO R., M.D.  
Address: 2499 GLADES ROAD, SUITE 114  
City-St-Zip: BOCA RATON, FL 33431

Title: DR  
Name: SCHAPIRO, SALO R., MD  
Address: 2499 GLADES ROAD, SUITE 114  
City-St-Zip: BOCA RATON, FL

I hereby 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 all other like empowered.

SIGNATURE: SALO R SCHAPIRO

DR

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date