

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90124 031 ***150.00

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01042007 Chg-P CR2E034 (12/06)


DOCUMENT # F33835 1. Entity Name AARON M. SHEVLIN, D.P.M., P.A.																													
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City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 59-2088160 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
5. Name and Address of Current Registered Agent SHEVLIN, AARON 1696 S.E. HILLMOOR DR. SUITE A B PORT ST LUCIE, FL 33452			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____																										
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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: _____ 1/29/07 772-335-0057 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

ATTACHMENT

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