## 2007 FOR PROFIT CORPORATION

## Feb 05, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # F33835** 02-05-2007 90124 031 \*\*\*150.00 AARON M. SHEVLIN, D.P.M., P.A. 60012840 Mailing Address Principal Place of Business 1696 SE HILLMOOR DR, STE $\mathcal{K}\mathcal{B}$ 1696 SE HILLMOOR DR, STE $\mathcal{KB}$ C/O AARON SHEVLIN C/O AARON SHEVLIN PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2088160 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEVLIN, AARON Street Address (P.O. Box Number is Not Acceptable) 1696 S.E. HILLMOOR DR. SUITE AN B PORT ST LUCIE, FL 33452 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. THYTHE Delete 103.6 Change Addition SHEVLIN, AARON M. NAME NAME 1696 SE HILLMOOR DRIVE, SUITE $\star$ ${\cal B}$ STREET ADDRESS STREET ADDRESS CITY-ST-7/P PORT STS. LUCIE, FL CITY-ST-ZP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition BHF NAME STREET ADDRESS STREET AGDRESS CITY-ST-ZIP CITY-ST-ZIP THE Change. Addition Delete NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CHTY-ST-ZIP Change ☐ Addition Delete MLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z/P CITY-ST-7:P

12. It hereby certify that the information supplied with this filling does non-qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental reports 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 an powered 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 the empowered.

SIGNATURE:

muss NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

## **ATTACHMENT**

2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

	ANIOAL	REPORT							
1. Entity Nam	MENT # F33835 II. SHEVLIN, D.P.M., P.A.				ATTACHMENT				
Principal Plac	Mailing Address	uddress			60012820				
Principal Place of Business 1696 SE HILLMOOR DR, STE A C/O AARON SHEVLIN PORT ST. LUCIE, FL 34952 US		1696 SE HILLMOOR DR, STE A C/O AARON SHEVLIN PORT ST. LUCIE, FL 34952 US			60010	. 800			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt #, etc.		Suite, Apt. #, etc.			01042007	Chg-P	CR2E03	4 (12/06)	···-
City & State		City & State  Zip Country			4. FEI Number 59-2088			No	optied For ot Applicable
Zip	Country	Zip	Coun	rry	5. Certificate of	S8.75 Additional Fee Required			
	6. Name and Address of Current I	·	7. Name and Address of New Registered Agent						
SHEVLIN, AARON 1696 S.E. HILLMOOR DR. SUITE A PORT ST LUCIE, FL 33452				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
10111			City	FL Zip Code					
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. Lam familiar with, and accept									
the obligations of registered agent.									
SIGNATURE: Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent aignature required when renultating)  DATE									
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fir Trust Fund Contributio					.00 May 8e led to Fees				!
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S #N 11
TITLE	P Delete III:							Change	Addition
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CITY-ST-ZP				-S1-ZP					
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LUFE		C Delete	1012					Change	☐ Addition
NAME STREET ATTROCES			NAM SIRE	E ADDRESS					
STREET ADDRESS CITY-ST-ZIP				-S1-7:P					
12. I hereby	Lentify that the information supplied with	this filing does not qualify for	or the ex	emptions contained	d in Chapter 119,	Florida Statutes, I	further certi	ly that the i	nformation
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.									