

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90047 023 ***150.00

DOCUMENT # F37229

1. Entity Name

SANFORD SHAPIRO, D.M.D., P.A.



Principal Place of Business

13500 N. KENDALL DRIVE
SUITE 170
MIAMI FL 33186

Mailing Address

13500 N. KENDALL DRIVE
SUITE 170
MIAMI FL 33186

2. Principal Place of Business

13550 N. Kendall Drive
Suite, Apt. #, etc.
STE 170

3. Mailing Address

13550 N. Kendall Drive
Suite, Apt. #, etc.
STE 170

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

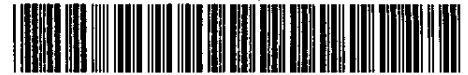
59-2109903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SANFORD SHAPIRO
13500 N. KENDALL DR. # 170
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name: Sanford Shapiro
Street Address (P.O. Box Number is Not Acceptable):
13550 N. Kendall Dr. #170
City: Miami, FL Zip Code: 33186

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PST ☐ Delete
NAME: SANFORD, SHAPIRO
STREET ADDRESS: 13500 N KENDALL DR STE 170
CITY-ST-ZIP: MIAMI FL 33186

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 13550 N. Kendall Dr. STE 170
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

Sanford Shapiro, D.M.D.

Sanford Shapiro, D.M.D.

305.3873.002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/2/04 Daytime Phone #