

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F37229</b>	
1. Entity Name <b>SANFORD SHAPIRO, D.M.D., P.A.</b>	



Principal Place of Business <b>13550 N. KENDALL DRIVE SUITE 170 MIAMI, FL 33186</b>	Mailing Address <b>13550 N. KENDALL DRIVE SUITE 170 MIAMI, FL 33186</b>
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03032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2109903</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  <b>SANFORD SHAPIRO 13550 N. KENDALL DR., #170 MIAMI, FL 33186</b>
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**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 resigning) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000474490</b> <b>04/04/06-80025-021 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST SANFORD, SHAPIRO 13550 N. KENDALL DR., SUITE 170 MIAMI, FL 33186</b>
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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: *Sanford Shapiro D.M.D.* **3/15/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Sanford Shapiro, D.M.D.*