


FROM : Sidney C. Shapiro, C.P.A.

PHONE NO. : 561 585 3600

FILED

May 29 1998 8:00am  
Secretary of State

FILE NOW! FILING FEE AFTER MAY 1 IS \$550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F50111 (6)**

1. Corporation Name  
**HENRY J. SHAPIRO, M.D., P.A.**

Principal Place of Business <b>% HENRY J SHAPIRO, M.D. 3385 BURNS ROAD PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>% HENRY J SHAPIRO, M.D. 3385 BURNS ROAD PALM BEACH GARDENS FL 33410-4322</b>
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21. Principal Place of Business <b>1025 MILITARY TRAIL</b>	22. Mailing Address <b>1025 MILITARY TRAIL</b>
23. City & State <b>JUPITER FL</b>	24. City & State <b>JUPITER FL</b>
25. Zip <b>33458</b>	26. Zip <b>33458</b>

27. Date Incorporated or Qualified <b>10/19/1981</b>	28. Date of Last Report
29. FEI Number <b>59-2130201</b>	Applied For <input type="checkbox"/> Not Applicable
30. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
31. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
32. This corporation has liability for withholding tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHAPIRO, HENRY J., M.D.  
3385 BURNS ROAD  
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) <b>8175 NATIVE DANCER E.</b>
83. City & State <b>PALM BEACH GARDENS FL</b>
84. Zip Code <b>33410</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>SHAPIRO, HENRY J, MD</b>	1.1 TITLE	1.2 NAME
STREET ADDRESS <b>8175 NATIVE DANCER E.</b>	CITY-ST-ZIP <b>PALM BEACH GARDENS FL</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

Change  Add  
**200002541942**  
**-06/01/98--01032--046**  
**\*\*\*150.00**

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 130.071(3)(a) Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry J. Shapiro 4/29/98