

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
 02-28-2002 90061 009 ***150.00

DOCUMENT # G57736

1. Entity Name
SCOTT F. SHAPIRO, M.D., P.A.

Principal Place of Business

Mailing Address

~~299 W GRANADA BLVD #B~~
~~ORMOND BEACH FL 32174-6201~~
 US

~~P O BOX 908~~
~~ORMOND BEACH FL 32175~~
 US

2. Principal Place of Business

3. Mailing Address

936 JOHN ANDERSON DR.

936 JOHN ANDERSON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH FL

ORMOND BEACH FL

Zip

Country

Zip

Country

32176 USA

32176

USA

4. FEI Number

59-2317151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, MD, SCOTT F

~~299 W GRANADA BLVD #B~~

~~S-B-1~~

~~ORMOND BEACH FL 32174~~

Name

Street Address (P.O. Box Number is Not Acceptable)

936 JOHN ANDERSON DR

City

ORMOND BEACH

FL

Zip Code

32176

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.

SIGNATURE

Scott F. Shapiro MD

2-16-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PST**
 STREET ADDRESS **SHAPIRO, SCOTT F, MD**
 CITY-ST-ZIP **299 W GRANADA BLVD #B 936 JOHN ANDERSON DR**
ORMOND BEACH FL 32174-6201 32176

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott F. Shapiro MD

2-16-02

(386) 441-6910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)