


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # G69666  
 1. Entity Name  
 CONTRUCCI & SHAPIRO, D.O., P.A.



Principal Place of Business      Mailing Address  
 10071 PINES BLVD                      10071 PINES BLVD.  
 STE C                                      SUITE C  
 PEMBROKE PINES, FL 33024 US      PEMBROKE PINES, FL 33021

**DO NOT WRITE IN THIS SPACE**



04192004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2331307                      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CASEY, DANIEL A  
 % KIRKPATRICK & LOCKHART LLP  
 201 S. BISCAYNE BLVD., 20TH FL.  
 MIAMI, FL 33131

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV CONTRUCCI, ROBERT 4400 N PLAYER STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHAPIRO, CRAIG 4273 CASPER CT HOLLYWOOD, FL 33021
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 04/26/04-80069-014 150.00

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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 registered 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 information.

SIGNATURE:  President      4/21/04 954-437-5333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #