

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27589

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** RAHN SHAW, M.D., P.A.

**Current Principal Place of Business:**

202 PARK AVE. N.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

202 PARK AVE. N.  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 59-2696120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAW, RONALD  
3067 CECELIA DR.  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

SHAW, RONALD L  
3067 CECELIA DR.  
APOPKA, FL 32703 US

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: RONALD L. SHAW

03/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SHAW, RONALD L  
Address: 3067 CECELIA DR.  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RONALD L. SHAW

D

03/30/2010

Electronic Signature of Signing Officer or Director

Date