

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15800

FILED  
May 02, 2007  
Secretary of State

Entity Name: STEPHEN M. SINKOE, D.P.M., P.A.

**Current Principal Place of Business:**

%STEPHEN M. SINKOE  
5558 S FLAMINGO ROAD  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

%STEPHEN M. SINKOE  
5558 S FLAMINGO ROAD  
COOPER CITY, FL 33330

**New Mailing Address:**

FEI Number: 65-0151612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEITH BENNETT CPA  
8181 W BROWARD BLVD  
SUITE 255  
PLANTATION, FL 33324 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: SINKOE, STEPHEN M  
Address: 5558 S FLAMINGO RD  
City-St-Zip: COOPER CITY, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN SINKOE

DR

05/02/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date