

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90003 020 \*\*\*150.00

**DOCUMENT # L40863**

1. Entity Name

DR. CLIFFORD J. SHAPIRO, D.C., P.A.



Principal Place of Business

1919 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060-6551

Mailing Address

1919 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060-6551

44049080



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0159553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

--\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SHAPIRO, CLIFFORD  
1919 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SHAPIRO, CLIFFORD J.
STREET ADDRESS	1919 E. ATLANTIC BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 receiver or 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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

44049080

**CLIFFORD J. SHAPIRO, D.C. P.A.**

# L40863

1919 E. Atlantic Blvd.  
Pompano Beach, FL 33060-6551

TELEPHONE: 954-943-4900

FAX: 954-752-4939

July 8, 2004

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

**RE: 2004 ANNUAL BUSINESS REPORT  
Document #L40863**

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To Whom It May Concern:

Please be advised that we did not receive the 2004 Uniform Business Report. We just received this form on 6-28-04 the Notice of Intent To Dissolve. If it is at all possible we would like to enclose the \$150.00 required for Annual Fee. We would appreciate it if you would wave the \$400.00 penalty, as we did not receive the initial renewal form.

Thank you,

Very truly yours,

**CLIFFORD J. SHAPIRO DC PA**



Clifford J. Shapiro  
President