

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L71284** (8)

1. Corporation Name:

MARC D. SHAPIRO, M.D., P.A.

Principal Place of Business:

**C/O CINDIE L. HENF CPA
POST OFFICE BOX 780516
SEBASTIAN FL 32978**

Mailing Address:

**C/O CINDIE L. HENF CPA
POST OFFICE BOX 780516
SEBASTIAN FL 32978**

RECEIVED
MAY 1 1995 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/30/1990	05/01/1994
22 State Apt # etc		27 State Apt # etc		4. FEI Number	Applied For
22		27		59-3003717	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24	25 County	29	30 Country	6. Election Campaign Finance/Trust Fund Contributions	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S 199 USC Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HENF CINDIE L 5240 BABECK ST NE PALM BAY FL 32905				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

11. Pursuant to the provisions of Sections 607 (5)(2) and 607 15(8), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (8)(c), Florida Statutes.

SIGNATURE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	D SHAPIRO, MARC D MD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	609 ATLANTIC ST	2. NAME	
3. CITY, ST, ZIP	MELBOURNE BEACH FL	3. STREET ADDRESS	
4. TITLE		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. TITLE	
6. STREET ADDRESS		6. NAME	
7. CITY, ST, ZIP		7. STREET ADDRESS	
8. TITLE		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		9. TITLE	
10. STREET ADDRESS		10. NAME	
11. CITY, ST, ZIP		11. STREET ADDRESS	
12. TITLE		12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. TITLE	
14. STREET ADDRESS		14. NAME	
15. CITY, ST, ZIP		15. STREET ADDRESS	
16. TITLE		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the filer, certify that the information required with this filing is accurately furnished and does not qualify for the exemption related in Section 119.07(2), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a resident or officer of this corporation or the manager or trustee responsible for preparing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any other document filed with an address.

SIGNATURE: 4/28/95 401-952-7300