

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M18373

1. Entity Name
ALAN M. SHAFF, D.C., P.A.



Principal Place of Business
% ALAN M. SHAFF
4801 LINTON BLVD., SUITE 9-A
DELRAY BEACH, FL 33445

Mailing Address
% ALAN M. SHAFF
4801 LINTON BLVD., SUITE 9-A
DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

**FILED
Apr 19, 2006 8:00 am
Secretary of State**

04-19-2006 90088 015 ***150.00



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2586620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHAFF, ALAN M.
4801 LINTON BLVD.
SUITE 9-A
DELRAY BEACH, FL 33445

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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 remitting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

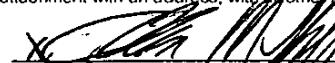
10. OFFICERS AND DIRECTORS

TITLE DP
NAME SHAFF, ALAN M.
STREET ADDRESS 5255 MONTREY CIRCLE
CITY-ST-ZIP DELRAY BEACH, FL 33484

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 exemptions contained 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 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:  Alan M. Shaff, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-
X 4/15/06 X 495-4357
Date Phone #