

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M30987

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** DAVID M. SHENKMAN, P.A.

**Current Principal Place of Business:**

2701 S. BAYSHORE DR.  
#602  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

2701 S BAYSHORE DR.  
#602  
MIAMI, FL 33133 US

**New Mailing Address:**

2701 S. BAYSHORE DR.  
#602  
MIAMI, FL 33133 US

**FEI Number:** 59-2660257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHENKMAN, DAVID M  
2701 S BAYSHORE DR #602  
MIAMI, FL 33133 US

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

SHENKMAN, DAVID M  
2701 S. BAYSHORE DR #602  
MIAMI, FL 33133 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: DAVID M. SHENKMAN

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: SHENKMAN, DAVID M.  
Address: 2701 S. BAYSHORE DR #602  
City-St-Zip: MIAMI, FL 33133

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: DAVID M. SHENKMAN

DPS

04/26/2011

Electronic Signature of Signing Officer or Director

Date