## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 26, 2005 08:00 AM Secretary of State DOCUMENT # M58860 STEVEN SCHUSTER, M.D. P.A. Principal Place of Business Mailing Address 1905 CLINT MOORE RD 1905 CLINT MOORE RD #101 #101 BOCA RATON, FL 33496 BOCA RATON, FL 33496 US CR2E034 (10/03) 01212005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2845533 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHUSTER, STEVEN M.D. DO NOT WRITE 1905 CLINT MOORE RD #101 IN THIS SPACE BOCA RATON, FL 33496 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 trile if applicable, (NOTE: Registered Agent signature required when reinstaing) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TITLE NAME SCHUSTER, STEVEN H MD. STREET ADDRESS 1905 CLINT MOORE RD #101 U00000135935 CITY-ST-ZIP BOCA RATON, FL 33496 01/26/05-80046-023 150 100 TITLE NAME STREET ADDRESS CITY-ST-ZIP BALE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE

des not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information indicated on this report or supplem of the corporation or the receiver of changed, or on an attachment yith applied with this filing

SIGNATURE: Y

NAME STREET ADDRESS CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

**FILED**