


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90293 012 ***150.00

DOCUMENT # P00000017456 1. Entity Name CARMEN A. SHIRLEY, M.D., P.A.					
Principal Place of Business 720 N.W. 22ND ROAD FT. LAUDERDALE, FL 33310			Mailing Address P.O. BOX 9767 FT. LAUDERDALE, FL 33310		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3628315	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHIRLEY, CARMEN A 720 N.W. 22ND ROAD FT. LAUDERDALE, FL 33310				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SHIRLEY, CARMEN A 1741 S.W. 53RD AVENUE PLANTATION, FL 33310		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 life empowered.					
SIGNATURE: <i>Carmen A. Shirley, MD</i> Carmen A. Shirley, MD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 9-54-4108394				Daytime Phone # 4-11-05	

ATTACHMENT

40060439

~~#00000017756~~

**BERGMAN, SPIEWAK AND COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
8211 WEST BROWARD BOULEVARD, SUITE 440
PLANTATION, FL 33324-2714
TELEPHONE NO. 954-321-9991 FAX NO. 954-321-9994**

CLIENT'S TAX RETURN FILING INSTRUCTIONS

CARMEN A. SHIRLEY, P.A.

**FLORIDA CORPORATION ANNUAL REPORT
FOR THE YEAR 2005**

The President of the corporation (CARMEN A. SHIRLEY) should sign and date this form where indicated on the bottom of page 1.

The signator should then print their name on the same line.

A payment in the amount of \$150.00 payable to "Department of State" must accompany this form.

It is imperative that this form together with the payment be mailed before May 1, 2005 in the envelope provided.

If it is mailed after this date the fee increases to \$550.00.

If you have any questions do not hesitate to call our office.

**DO NOT FORGET TO MAIL THIS FORM WITH THE
PAYMENT BEFORE MAY 1, 2005**

ATTACHMENT 40060439
P00000017456

BERGMAN, SPIEWAK, GOTTESMAN AND COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
8211 West Broward Boulevard, Suite 440
Plantation, Florida 33324-2714

DR. CARMEN A. SHIRLEY
1741 SW 53RD AVENUE
PLANTATION, FL 33310