2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095286

Entity Name: STARLEEN SCHAFFER, M.D., P.A.

FILED Jan 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

13000 U.S. HWY # 1

SUITE 4

SEBASTIAN, FL 32958

Current Mailing Address: New Mailing Address:

13000 U.S. HWY # 1 SUITE 4

SEBASTIAN, FL 32958

FEI Number: 65-1047666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FRESE, GARY B

930 S. HARBOR CITY BOULEVARD

SUITE 505

MELPOLIDALE EL 22001 LIS

SCHAFFER, LOUIS J

13000 U.S. HIGHWAY 1

4

MELBOURNE, FL 32901 US SEBASTIAN, FL 32958 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: LOUIS J. SCHAFFER 01/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 SCHAFFER, STARLEEN M.D.
 Name:

 Address:
 13000 US HIGHWAY #, SUITE 4
 Address:

 City-St-Zip:
 SEBASTIAN, FL 32958
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STARLEEN C. SCHAFFER M.D. 01/03/2006