


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2008 8:00 am**  
**Secretary of State**

08-01-2008 90042 001 \*\*\*150.00  
08-01-2008 90042 002 \*\*\*\*\*8.75

<b>DOCUMENT # P01000099368</b>		
1. Entity Name <b>STEVEN J. SCHACHTER MD, P.A.</b>		

**66015707**



07232008 Chg-P CR2E034 (12/06)

Principal Place of Business <b>1005 RHODES VILLA AVENUE DELRAY BEACH, FL 33483</b>		Mailing Address <b>1005 RHODES VILLA AVENUE DELRAY BEACH, FL 33483</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
**65-1138863**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SCHACHTER, STEVEN J MD 1005 RHODES VILLA AVENUE DELRAY BEACH, FL 33483</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D,P SCHACHTER, STEVEN J MD 1005 RHODES VILLA AVENUE DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-28-08**

Date

**564289-0827**

Daytime Phone #

# ATTACHMENT

66015-7.07

**Steven J. Schachter MD, P.A.**  
**1005 Rhodes Villa Avenue**  
**Delray Beach, FL 33483-6524**  
**(561) 289-0827**

July 16, 2008

Florida Dept. of State  
Div. of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

To Whom It May Concern,

Re: Notice of Intent to Dissolve

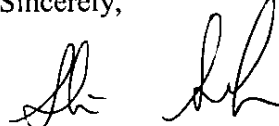
I never received any notification for my annual report and have no intention of dissolving this company.

My information is as follows:

Steven J. Schachter MD, P.A.  
1005 Rhodes Villa Avenue  
Delray Beach, FL 33483-6524  
Document # P01000099368

Please accept the enclosed check for \$150.00 for my annual report.  
and thank you for your attention to this matter.

Sincerely,

  
Steven J. Schachter