

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90107 015 ***150.00

DOCUMENT # P04000026768

1. Entity Name
BRIAN SHAUB, DO, PA



Principal Place of Business
**3246 STONEBRIDGE TRAIL
VALRICO, FL 33594 US**

Mailing Address
**3246 STONEBRIDGE TRAIL
VALRICO, FL 33594 US**

40125586

2. Principal Place of Business - No P.O. Box #
5941 Cherry Oak Drive
Suite, Apt. #, etc.

3. Mailing Address
5941 Cherry Oak Drive
Suite, Apt. #, etc.



07112007 Chg-P CR2E034 (12/06)

City & State
Valrico FL
Zip
33594 Country
US

City & State
Valrico FL
Zip
33594 Country
US

4. FEI Number
20-0723676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAUB, BRIAN
3246 STONEBRIDGE TRAIL
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5941 Cherry Oak Drive
City **Valrico** **FL** Zip Code
33594

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 *Brian M. Shaus*
Signature, typed or printed name of registered agent and title if applicable.

Brian M. Shaus, DO
(NOTE: Registered Agent signature required when reinstating)

7/11/07
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S SHAUB, BRIAN 3246 STONEBRIDGE TRAIL VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5941 Cherry Oak Drive Valrico FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *Brian M. Shaus* *President* *7/11/07* *(352) 518-2000*
Signature and typed or printed name of signing officer or director Date Daytime Phone #