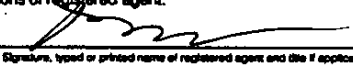


FILED
Mar 22, 2005 8:00 am
Secretary of State

02-25-2005 90145 016 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000082237			
1. Entity Name PAUL SCHORR, D.O., P.A.			
Principal Place of Business 2105 TYRONE BOULEVARD ST. PETERSBURG, FL 33710		Mailing Address 2105 TYRONE BOULEVARD ST. PETERSBURG, FL 33710	
2. Principal Place of Business 2105 Tyrone Blvd N. Suite, Apt., etc. St. Petersburg		3. Mailing Address Suite, Apt., etc.	
City & State St. Petersburg, FL		City & State	
Zip 33710	Country USA	Zip	Country
4. FEI Number 20-1278257		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORD, BUDDY D ESQ. 115 N. MACDILL AVENUE TAMPA, FL 33609		7. Name and Address of New Registered Agent Name: Dr. Paul P. Schorr Street Address (P.O. Box Number is Not Acceptable) 2105 Tyrone Blvd. N. City: St. Petersburg FL Zip Code: 33710	
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:  DATE: 1/26/05 (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		B. Election Campaign Financing Trust Fund Contribution. ☐ \$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. Paul P. Schorr 2105 Tyrone Blvd. N. St. Petersburg FL 33710 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 1/26/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			