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Secretary of State
02-25-2005 90145 016 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000082237

1. Entity Name
PAUL SCHORR, D.O., P.A.

66006789

01202005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2105 TYRONE BOULEVARD ST. PETERSBURG, FL 33710	2105 TYRONE BOULEVARD ST. PETERSBURG, FL 33710

2. Principal Place of Business	3. Mailing Address
2105 Tyrone Blvd N.	
Suite, Apt. #, etc.: St. Petersburg	Suite, Apt. #, etc.
City & State: 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: [signature] DATE: 1/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. 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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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 like empowered.

SIGNATURE: [signature] X 1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #