

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146370

FILED
Apr 19, 2007
Secretary of State

Entity Name: DANIEL A. SHELDON, M.D. P.A.

Current Principal Place of Business:

1855 N. CORPORATE LAKES BLVD.
WESTON, FL 33326

New Principal Place of Business:

1855 N. CORPORATE LAKES BLVD.
SUITE #3
WESTON, FL 33326

Current Mailing Address:

1855 N. CORPORATE LAKES BLVD.
WESTON, FL 33326

New Mailing Address:

1855 N. CORPORATE LAKES BLVD.
SUITE #3
WESTON, FL 33326

FEI Number: 20-3785737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELDON, DANIEL A M.D.
1855 N. CORPORATE LAKES BLVD
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SHELDON, DANIEL A M.D.
1855 N. CORPORATE LAKES BLVD
SUITE #3
WESTON, FL 33326 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:

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHELDON, DANIEL A M.D.
Address: 1549 VICTORIA ISLE WAY, SUITE 307
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: DANIEL A. SHELDON

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date