

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000026184

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** SHAWN A. MC CLURE, DMD MD PA

**Current Principal Place of Business:**

8755 SW 57 PLACE  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

8755 SW 57 PLACE  
COOPER CITY, FL 33328

**New Mailing Address:**

**FEI Number:** 32-0279174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MODAS, DANIEL A  
1215 S.E. 2ND AVENUE #202  
FORT LAUDERDALE, FL 33335 US

**Name and Address of New Registered Agent:**

PALERMO, JACQUELINE  
1011 SHERIDAN STREET  
SUITE 310  
COOPER CITY, FL 33026 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:** SHAWN A MCCLURE

02/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MC CLURE, SHAWN A  
**Address:** 8755 SW 57 PLACE  
**City-St-Zip:** COOPER CITY, FL 33328

**Title:** ST  
**Name:** MC CLURE, JENA R  
**Address:** 8755 SW 57 PLACE  
**City-St-Zip:** COOPER CITY, FL 33328

I hereby 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 all other like empowered.

**SIGNATURE:** SHAWN A MCCLURE

P

02/05/2011

Electronic Signature of Signing Officer or Director

Date