

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000093005

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** SHANNON FLOYD, DPM, P.A.

**Current Principal Place of Business:**

3619 NE 207TH STREET #2305  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3619 NE 207TH STREET #2305  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 27-1372636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, MAX A ESQ.  
1400 NW 10TH AVENUE PENTHOUSE III  
MIAMI, FL 33136 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FLOYD, SHANNON P DPM  
**Address:** 3619 NE 207TH STREET #2305  
**City-St-Zip:** AVENTURA, FL 33180

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: SHANNON FLOYD DPM

D

04/18/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date