## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000015541

Entity Name: SHANE VERVOORT, M.D., P.A.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1310 DUNMIRE STREET, SUITE A 1310 DUNMIRE STREET SUITE A SUITE A

PENSACOLA, FL 32504 US PENSACOLA, FL 32504 US

Current Mailing Address: New Mailing Address:

1310 DUNMIRE STREET, SUITE A 1310 DUNMIRE STREET

SUITE A SUITE A
PENSACOLA, FL 32504 US PENSAC

PENSACOLA, FL 32504 US

FEI Number: 59-3179325 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VERVOORT, SHANE 1310 DUNMIRE ST STE A

PENSACOLA, FL 32504 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DR (X) Change ( ) Addition

 Name:
 SHANE, VERVOORT
 Name:
 SHANE, VERVOORT

 Address:
 1310 DUMMIRE ST
 Address:
 1310 DUMMIRE ST

 City-St-Zip:
 PENSACOLA, FL 32504
 City-St-Zip:
 PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHANE M. VERVOORT DR 01/05/2005