

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000015541

FILED
Jan 05, 2005
Secretary of State

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

Current Principal Place of Business:

1310 DUNMIRE STREET, SUITE A
SUITE A
PENSACOLA, FL 32504 US

New Principal Place of Business:

1310 DUNMIRE STREET
SUITE A
PENSACOLA, FL 32504 US

Current Mailing Address:

1310 DUNMIRE STREET, SUITE A
SUITE A
PENSACOLA, FL 32504 US

New Mailing Address:

1310 DUNMIRE STREET
SUITE A
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:

VERVOORT, SHANE
1310 DUNMIRE ST
STE A
PENSACOLA, FL 32504 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: DP () Delete
Name: SHANE, VERVOORT
Address: 1310 DUMMIRE ST
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: SHANE, VERVOORT
Address: 1310 DUMMIRE ST
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

_____ Electronic Signature of Signing Officer or Director

_____ Date