

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022510

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** KATHRYN C. SHAFER, PH.D., P.A.

**Current Principal Place of Business:**

675 W INDIANTOWN ROAD  
JUPITER, FL 33458 US

**New Principal Place of Business:**

675 W INDIANTOWN ROAD  
SUITE 100  
JUPITER, FL 33458 US

**Current Mailing Address:**

675 W INDIANTOWN ROAD  
JUPITER, FL 33458 US

**New Mailing Address:**

675 W INDIANTOWN ROAD  
SUITE 100  
JUPITER, FL 33458 US

**FEI Number:** 26-3319543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAFER, KATHRYN C  
116 OCEAN PINES TER  
JUPITER, FL 33477 US

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

SHAFER, KATHRYN C  
675 WEST INDIANTOWN ROAD  
SUITE 100  
JUPITER, FL 33458 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:** KATHRYN C. SHAFER, PH.D.

02/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SHAFER, KATHRYN C PH.D.  
**Address:** 675 WEST INDIANTOWN ROAD - SUITE 100  
**City-St-Zip:** JUPITER, FL 33458

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:** KATHRYN SHAFER, PH.D.

D

02/15/2012

Electronic Signature of Signing Officer or Director

Date