


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90264 024 \*\*\*150.00

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # P94000028672  |   |                             |   |
| 1. Entity Name<br>JOSEPH A. SHIRER, M.D., P.A.   |   |  |   |
| Principal Place of Business<br>10000 W COLONIAL DR<br>STE 481<br>OCOOE, FL 34761 US  |   | Mailing Address<br>10000 W COLONIAL DR<br>STE 481<br>OCOOE, FL 34761 US                                      |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| 4. FEI Number<br>59-3233765  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent  |   |
| LEFKOWITZ, IVAN M<br>430 N MILLS AVE<br>ORLANDO, FL 32803  |   | Name<br><i>STEVE LOONEY</i>  |   |
|  |   | Street Address (P.O. Box Number is Not Acceptable)<br><i>800 N. Magnolia Ave Ste 1500</i>                    |   |
|  |   | City<br><i>Orlando</i>   | FL Zip Code<br><i>32802</i>                                       |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |   |
| SIGNATURE <i>STEVE LOONEY</i>  |   | DATE   |   |
| Signature, typed or printed name of registered agent and title if applicable.  |   | (NOTE: Registered Agent signature required when reinstating)   |   |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSTD<br>SHIRER, JOSEPH A MD<br>10000 W COLONIAL DR STE 481<br>OCOOE, FL 34761 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 of its assets empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |   |  |   |
| SIGNATURE: <i>Joseph A. Shirer</i>   |   | Date <i>4-20-07</i> Daytime Phone # <i>407 4630672</i>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date   |   |

