

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086164

Entity Name: MEHUL SHAH, M.D., P.A.

FILED  
Jun 08, 2005  
Secretary of State

**Current Principal Place of Business:**

1111 7TH AVENUE NORTH  
SUITE 107  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

1111 7TH AVENUE NORTH  
SUITE 107  
ST PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: 59-3281985      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SWOPE, SCOTT P  
2450 SUNSET POINT ROAD  
SUITE D  
CLEARWATER, FL 33765 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHAH, MEHUL  
Address: 1111 7TH AVE. NORTH, STE. 107  
City-St-Zip: ST PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MEHUL SHAH M.D.

P

06/08/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date