


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000000534

1. Entity Name
KEVIN E. SHAW, M.D., P.A.



Principal Place of Business Mailing Address

**899 MEADOWS RD.
 SUITE 301
 BOCA RATON FL 33486** **899 MEADOWS RD.
 SUITE 301
 BOCA RATON FL 33486**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**SHAW, KEVIN E M.D.
 899 MEADOWS RD.
 SUITE 301
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____

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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME P Delete

STREET ADDRESS **SHAW, KEVIN E MD**

CITY-ST-ZIP **899 MEADOWS RD., #301**
BOCA RATON FL 33486

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Add

U00000014810
01/27/04-80038-010 150.00

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin Shaw* **1/26/04** **561-338363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



MOORE CR2E034 (11/03)

4. FEI Number **65-0543364** Applied For
 Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME P Delete

STREET ADDRESS **SHAW, KEVIN E MD**

CITY-ST-ZIP **899 MEADOWS RD., #301**
BOCA RATON FL 33486

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Add

U00000014810
01/27/04-80038-010 150.00

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin Shaw* **1/26/04** **561-338363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #