

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000007371

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Entity Name:** CARYN B. SCHORR, M.D., P.A.

**Current Principal Place of Business:**

2400 N UNIVERSITY DR  
STE 205  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**New Mailing Address:**

21050 NE 38TH AVE  
APT. 1802  
AVENTURA, FL 33180 US

**Current Mailing Address:**

3537 BIMINI AVE  
COOPER CITY, FL 33026 US

**FEI Number:** 59-3295206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHORR, CARYN B  
2400 N UNIVERSITY DRIVE  
STE 205  
PEMBROKE PINES, FL 33024 US

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

SCHORR, CARYN B  
21050 NE 38TH AVE  
#1802  
AVENTURA, FL 33180 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:** CARYN SCHORR

01/08/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR ( ) Delete  
**Name:** SCHORR, CARYN B  
**Address:** 3537 BIMINI AVE.  
**City-St-Zip:** COOPER CITY, FL 33026

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

**Title:** DR (X) Change ( ) Addition  
**Name:** SCHORR, CARYN B  
**Address:** 21050 NE 38TH AVE #1802  
**City-St-Zip:** AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** CARYN SCHORR

DR

01/08/2008

Electronic Signature of Signing Officer or Director

Date