


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90120 001 \*\*\*150.00

<b>DOCUMENT # P96000044042</b> 1. Entity Name <b>JOSEPH SHALIT, M.D., P.A.</b>			
Principal Place of Business <b>194 REDSTONE AVE- STEB CRESTVIEW FL 32539 US</b>		Mailing Address <b>194 REDSTONE AVE- STEB CRESTVIEW FL 32539 US</b>	
2. Principal Place of Business <b>SHALIT JOSEPH</b> Suite, Apt. #, etc. <b>194 E. REDSTONE AVE</b> City & State <b>CRESTVIEW FL</b> Zip <b>32539</b>		3. Mailing Address <b>SHALIT JOSEPH</b> Suite, Apt. #, etc. <b>P.O. BOX 160</b> City & State <b>CRESTVIEW FL</b> Zip <b>32536</b>	
Country <b>OKALOOSA</b>		Country <b>OKALOOSA</b>	
6. Name and Address of Current Registered Agent  <b>SHALIT, JOSEPH 194 REDSTONE AVE #B CRESTVIEW FL 32539</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SHALIT, JOSEPH</b> <b>194 REDSTONE ST B</b> <b>CRESTVIEW FL 32539</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 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 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE: J. Shalit JOSEPH SHALIT 01/31/2005 (850)337-5460</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3396174** Applied For ☐ Not Applicable ☐

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