

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90417 017 ***150.00

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1. Entity Name

JOSEPH SHALIT, M.D., P.A.



Principal Place of Business

SHALIT JOSEPH
194 E. REDSTONE AVE SUITE B
CRESTVIEW FL 32539
US

Mailing Address

SHALIT JOSEPH
P.O. BOX 160
CRESTVIEW FL 32536
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

JOSEPH SHALIT
P.O. BOX 160

1st MOORE

CR2E034 (10/05)

City & State

CRESTVIEW
FL

4. FEI Number

59-3396174

Applied For
Not Applicable

Zip

Country

FL

Country

32539

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHALIT, JOSEPH
194 REDSTONE AVE
#B
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name JOSEPH SHALIT
Street Address (P.O. Box Number is not acceptable) 194 E. REDSTONE AVE SUITE B
City CRESTVIEW FL Zip Code 32539

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, 2006 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 D ☐ Delete
NAME SHALIT, JOSEPH
STREET ADDRESS 194 REDSTONE ST B
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE:

JOSEPH SHALIT

JOSEPH SHALIT MD 3-31-06 (50)650-6362