

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000057072

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** ALAN D. SHOOPAK ORTHODONTIC GROUP, P.A.

**Current Principal Place of Business:**

3850 N CAUSEWAY BLVD, SUITE 800  
METAIRIE, LA 70002

**New Principal Place of Business:**

**Current Mailing Address:**

3850 N CAUSEWAY BLVD, SUITE 800  
METAIRIE, LA 70002

**New Mailing Address:**

**FEI Number:** 65-0766660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHOOPAK, ALAN  
Address: 6311 4TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

I hereby 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 all other like empowered.

**SIGNATURE:** ALAN D. SHOOPAK

P

03/29/2010

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

\_\_\_\_\_  
Date