


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90074 047 \*\*\*150.00

<b>DOCUMENT # P98000070973</b> 1. Entity Name <b>MICHAEL SHAFF, V.M.D., P.A.</b>																													
Principal Place of Business <b>8295 N PINE ISLAND RD TAMARAC, FL 33321</b>			Mailing Address <b>8295 N PINE ISLAND RD TAMARAC, FL 33321</b>																										
2. Principal Place of Business - No P.O. Box # <b>1582 NW 97 Terr</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.																											
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>		4. FEI Number <b>65-0861202</b>																									
Zip <b>33071</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>SHAFF, MICHAEL VMD 8295 N PINE ISLAND RD TAMARAC, FL 33321</b>				7. Name and Address of New Registered Agent Name <b>Michael Shaff VMD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1582 NW 97 Terr</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33071</b>																									
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 <b>Dr. Michael Shaff, President</b> DATE <b>5/1/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>DR SHAFF, MICHAEL</b> <input checked="" type="checkbox"/> Delete  <b><del>8295 N PINE ISLAND RD</del> 1582 NW 97 Terr</b>  <b><del>TAMARAC, FL 33321</del> Coral Springs, FL 33071</b> </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR SHAFF, MICHAEL</b> <input checked="" type="checkbox"/> Delete <b><del>8295 N PINE ISLAND RD</del> 1582 NW 97 Terr</b> <b><del>TAMARAC, FL 33321</del> Coral Springs, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>Dr. Michael Shaff</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>1582 NW 97 Terr</b>  <b>Coral Springs, FL 33071</b> </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Michael Shaff</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1582 NW 97 Terr</b> <b>Coral Springs, FL 33071</b>	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <b>Dr. Michael Shaff</b> DATE <b>5-1-07</b> DAYTIME PHONE # <b>954-309-5459</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

40107554



05022007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

ATTACHMENT

40107554

# P98000070923

Michael Shaff, VMD PA  
1582 NW 97<sup>th</sup> Terr  
Coral Springs, FL 33071

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom it May Concern,

I tried to register my corporation via your website, but could not due to some problem you were experiencing the evening of May 1<sup>st</sup>. I did call your office and was instructed to mail the appropriate fee(enclosed) and application, and there would be no penalty.

Thanking you in advance,  
Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Michael Shaff". The signature is fluid and cursive, with a large initial "D" and a stylized "M".

Dr. Michael Shaff  
Document# P98000070973