

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

DOCUMENT # P98000070973		
1. Entity Name MICHAEL SHAFF, V.M.D., P.A.		

Principal Place of Business 8295 N PINE ISLAND RD TAMARAC, FL 33321	Mailing Address 8295 N PINE ISLAND RD TAMARAC, FL 33321
---	---

2. Principal Place of Business - No P.O. Box # <i>1582 NW 97 Terr</i>	3. Mailing Address <i>Same</i>		
Suite, Apt. #, etc. <i></i>	Suite, Apt. #, etc. <i></i>		
City & State <i>Coral Springs, FL</i>	City & State		
Zip <i>33071</i>	Country <i>USA</i>	Zip	Country

6. Name and Address of Current Registered Agent  SHAFF, MICHAEL VMD 8295 N PINE ISLAND RD TAMARAC, FL 33321	7. Name and Address of New Registered Agent  Name <i>Michael Shaff VMD</i> Street Address (P.O. Box Number is Not Acceptable) <i>1582 NW 97 Terr</i> City <i>Coral Springs</i> Zip Code <i>FL 33071</i>
---	--

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 *R. Michael Shaff, President* DATE *5/1/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SHAFF, MICHAEL 8295 N PINE ISLAND RD <del>1582 NW 97 Terr</del> TAMARAC, FL 33324 <i>Coral Springs, FL 33071</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Dr. Michael Shaff</i> <i>1582 NW 97 Terr</i> <i>Coral Springs, FL 33071</i>
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
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 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 *R. Michael Shaff, Dr. Michael Shaff* Date *5-1-07* 954-309-5459  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

40107554

# P98000070973

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,



Dr. Michael Shaff  
Document# P98000070973