

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000083400

1. Entity Name
JOHN H. SHIM, M.D., P.A.



Principal Place of Business
5243 HANFF LANE
NEW PORT RICHEY, FL 34652

Mailing Address
5243 HANFF LANE
NEW PORT RICHEY, FL 34652

2. Principal Place of Business - No P.O. Box #

3890 Tampa Rd

Suite, Apt. #, etc.
202

3. Mailing Address

3890 Tampa Road

Suite, Apt. #, etc.
202

City & State
PALM HARBOR, FLORIDA

City & State
PALM HARBOR, FLORIDA

Zip
34684

Country
PINELLAS

Zip
34684

Country
PINELLAS

08202008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3533767

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHIM, JOHN H MD/PO
5243 HANFF LANE
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name
Shim, John H. MD/PO

Street Address (P.O. Box Number is Not Acceptable)
3890 TAMPA ROAD

Suite 202

City
PALM HARBOR

FL

Zip Code
34684

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SHIM, JOHN H
5243 HANFF LANE
NEW PORT RICHEY, FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SHIM, JOHN H. ☒ Change ☐ Addition
3890 TAMPA RD #202
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200136256682 ☐ Change ☐ Addition
09/23/08--01031--026 **\$61.25

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/26/08 727-787-5577

7.9/10

FILED
08 SEP -8 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

