


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90444 046 ***150.00

DOCUMENT # P99000008676

1. Entity Name
STEVEN D. SHEINER, O.D., P.A.



Principal Place of Business
**21172 ST. ANDREWS BLVD.
 BOCA RATON, FL 33433**

Mailing Address
**21172 ST. ANDREWS BLVD.
 BOCA RATON, FL 33433**

2. Principal Place of Business
7035 BERACASA WAY

3. Mailing Address
9082A BOCA GARDENS PKY

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
3



04202004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33433

Country
USA

Zip
33496

Country
USA

4. FEI Number
65-0890823

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SHEINER, STEVEN D O.D.
 21172 ST. ANDREWS BLVD
 BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

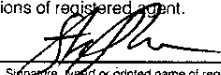
Name
SHEINER, STEVEN D O.D.

Street Address (P.O. Box Number is Not Acceptable)
9082A BOCA GARDENS PKY

City
BOCA RATON

FL Zip Code
33496

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  DATE **4/20/04**

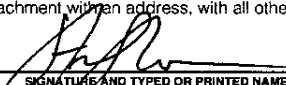
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEINER, STEVEN D			NAME	SHEINER, STEVEN D		
STREET ADDRESS	21172 ST. ANDREWS BLVD.			STREET ADDRESS	9082A BOCA GARDENS PKY		
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4/20/04** DAYTIME PHONE # **561-391-3334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR