


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------|---|---|--|
| DOCUMENT # P99000014826 1. Entity Name WM. SHERMAN, M.D., P.A. | | | |  | |
| Principal Place of Business 1589 SE 8 ST DEERFIELD BEACH FL 33441 | | | Mailing Address 1589 SE 8 ST DEERFIELD BEACH FL 33441 | | |
| 2. Principal Place of Business Suite, Apt #, etc. | | | 3. Mailing Address Suite, Apt #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0903819 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SHERMAN, WILLIAM M 1589 SE 8 ST DEERFIELD BEACH FL 33441 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | \$8.75 Additional Fee Required | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 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 | | | | U00000073498 03/02/04-80038-022 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| PVST SHERMAN, WILLIAM M MD 1589 SE 8 ST DEERFIELD BEACH FL 33441 | | | | Change Addition | |
| Delete | | | | Change Addition | |
| Delete | | | | Change Addition | |
| Delete | | | | Change Addition | |
| Delete | | | | Change Addition | |
| Delete | | | | Change Addition | |
| Delete | | | | Change Addition | |



MOORE CR2E034 (11/03)

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: *William M Sherman* **40** **2/27/04** **(954) 655-4595**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #