

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 19, 2006 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



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0903819

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SHERMAN, WILLIAM M  
1589 SE 8 ST  
DEERFIELD BEACH, FL 33441

DO NOT WRITE  
IN THIS SPACE

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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  
PVST  
SHERMAN, WILLIAM M MD  
1589 SE 8 ST  
DEERFIELD BEACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000519476  
05/02/06-80053-019 150.00

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IN THIS SPACE

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:

*William M Sherman MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 (954) 655 4595

DATE

Daytime Phone #