

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064360

FILED
Apr 06, 2008
Secretary of State

Entity Name: SHAPIRO FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

1920 PALM BEACH BLVD
SUITE 104
WEST PALM BEACH, FL 33409

Current Mailing Address:

1920 PALM BEACH BLVD
SUITE 104
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2247 PALM BEACH LAKES BLVD.
SUITE 104
WEST PALM BEACH, FL 33409

New Mailing Address:

2247 PALM BEACH LAKES BLVD.
SUITE 104
WEST PALM BEACH, FL 33409

FEI Number: 65-0949510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, SETH
8095 LAUREL RIDGE COURT
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAPIRO, DARI
Address: 8095 LAUREL RIDGE COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: S () Delete
Name: SHAPIRO, SETH
Address: 8095 LAUREL RIDGE COURT
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. SETH SHAPIRO

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04/06/2008

Electronic Signature of Signing Officer or Director

Date