

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90087 050 ***150.00

DOCUMENT # P99000109708

1. Entity Name
SHELDON T. SLATKIN, P.A.



Principal Place of Business
**9900 WEST SAMPLE ROAD SUITE 400
CORAL SPRINGS, FL 33065**

Mailing Address
**9900 WEST SAMPLE ROAD SUITE 400
CORAL SPRINGS, FL 33065**

50013375



2. Principal Place of Business
PO Box 1150
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1150
Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State
Ft. Lauderdale, FL
Zip
33308 Country
USA

City & State
Ft. Lauderdale, FL
Zip
33302 Country
USA

4. FEI Number
65-0969189 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SLATKIN, SHELDON T
9900 WEST SAMPLE ROAD SUITE 400
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name
Jason E. Slatkin
Street Address (P.O. Box Number is Not Acceptable)
One E. Broward Blvd., Suite 700
City
Ft. Lauderdale FL Zip Code
33301

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 **JASON E. SLATKIN.**
Signature, typed or printed name of registered agent and title if applicable

4/14/06
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
D ☒ Delete
NAME
SLATKIN, SHELDON T
STREET ADDRESS
9900 WEST SAMPLE ROAD SUITE 400
CITY-ST-ZIP
CORAL SPRINGS, FL 33065

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
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CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
P, D, S ☐ Change ☒ Addition
NAME
Jason E. Slatkin
STREET ADDRESS
One East Broward Blvd. Suite 700
CITY-ST-ZIP
Ft. Lauderdale, FL 33301

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

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

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

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

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

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:

JASON E. SLATKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 954.745.5880
Date Daytime Phone #