2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 08:00 AM **DOCUMENT # S63879 Secretary of State** 1. Entity Name ALAN R. SHUSTER, M.D., P.A. Principal Place of Business Mailing Address 2055 MILITARY TRAIL 2055 MILITARY TRAIL #307 #307 JUPITER, FL 33458 US JUPITER, FL 33458 US 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Fo 65-0269499 Not Applica \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHUSTER, JUDY DO NOT WRITE 2055 MILITARY TRL **SUITE 307** IN THIS SPACE JUPITER, FL 33458 5. 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 and the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE OR NAME SHUSTER, ALAN R. STREET ADDRESS 14450 CYPRESS ISLAND CIRCLE CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME U00000487618 04/14/06-80002-007 150.00 STREET ADDRESS CITY-ST-ZIP TITLE MAR STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 dire 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 changed, or on an attachment with an appress, with all other like empowered.

SIGNATURE: SUMATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

> 3/31/06 Date

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