

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

5. **FILED**
May 31, 2005 8:00 am
Secretary of State

05-04-2005 90186 047 ***150.00

DOCUMENT # S93793

1. Entity Name

SHAUGHN C. BENNETT, D.O., P.A.



Principal Place of Business

9000 SW 87 CT #105
MIAMI, FL 33176 US

Mailing Address

9000 SW 87 CT #105
MIAMI, FL 33176 US

66020245



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0295586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BENNETT, SHAUGHN C.
9000 SW 87 CT #105
MIAMI, FL 33176

**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: *Shaughn C. Bennett*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE 7/29/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

D
BENNETT, SHAUGHN C.
9000 SW 87 CT #105
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *Shaughn C. Bennett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

DATE 7/29/05

Daytime Phone # 305 275 7757