
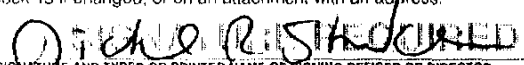


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

| | | | |
|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # S95256 (1) | | | |
| 1. Corporation Name RICHARD R. SHAKER, D.C., PA | | | |
| Principal Place of Business 3314 HENDERSON BLVD STE 203 1430 WAVELAND WAY TAMPA FL 33604-33609 | | Mailing Address 3314 HENDERSON BLVD STE 203 1430 WAVELAND WAY TAMPA FL 33604-33609 | |
| 2. Principal Place of Business 21 3314 HENDERSON BLVD. Suite, Apt. #, etc. 22 203 City & State 23 TAMPA, FL. Zip 24 33609 | | 2a. Mailing Address 26 3314 HENDERSON BLVD. Suite, Apt. #, etc. 27 203 City & State 28 TAMPA, FL. Zip 29 33609 | |
| 3. Date Incorporated or Qualified 11/20/1991 | | 3a. Date of Last Report 04/30/1996 | |
| 4. FEI Number 59-3102942 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent SHAKER, RICHARD R 3314 HENDERSON BLVD STE 203 TAMPA FL 33609 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | |
| SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | |
| NAME | SHAKER, RICHARD R | | |
| STREET ADDRESS | 3314 HENDERSON BLVD, 203 | | |
| CITY-ST-ZIP | TAMPA FL | | |
| TITLE | TD | <input type="checkbox"/> DELETE | |
| NAME | SHAKER-KNOPP, LISA | | |
| STREET ADDRESS | 4830 TRASKWOOD CT | | |
| CITY-ST-ZIP | TAMPA FL | | |
| TITLE | SD | <input type="checkbox"/> DELETE | |
| NAME | SHAKER, ROSEMARY M | | |
| STREET ADDRESS | 11305 WAVELAND WAY | | |
| CITY-ST-ZIP | TAMPA FL | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |
| 14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. | | | |
| SIGNATURE:  4/17/97 813-876-9552 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |



CR2E034 (9/96)