

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

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90130 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000076410

1. Corporation Name
EDOUARD SAADE, M.D., P.A.



Principal Place of Business 1690 S BAYSHORE LANE #2A MIAMI FL 33133 <i>1800 S. Bayshore Ln Miami, FL 33133</i>		Mailing Address 1690 S BAYSHORE LANE #2A MIAMI FL 33133 <i>c/o Purisch 2589 JARDIN COURT WESTON, FL 33327</i>	
21. Principal Place of Business <i>1800 S. Bayshore Ln</i>	22. Suite, Apt. #, etc.	26. Mailing Address <i>40 PURISCH</i>	27. Suite, Apt. #, etc. <i>2589 JARDIN COURT</i>
23. City & State <i>Miami, FL</i>	24. Zip <i>33133</i>	28. City & State <i>WESTON, FL</i>	29. Zip <i>33327</i>
25. Country <i>USA</i>	30. Country <i>USA</i>	3. Date Incorporated or Qualified 09/13/1996	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0697086	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SAADE, EDOUARD
~~1690 S BAYSHORE LANE #2A MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1800 S. Bayshore Ln
 83
 84 City *Miami* FL 85 Zip Code *33133*

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 *Edouard Saade* DATE **3/14/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D.	<input type="checkbox"/> DELETE
NAME	SAADE, EDOUARD	
STREET ADDRESS	1690 S BAYSHORE LANE #2B	
CITY-ST-ZIP	MIAMI FL 33133	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>1800 S. Bayshore Ln</i>
1.4 CITY-ST-ZIP	<i>Miami, FL 33133</i>
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 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, with all other like empowered.

SIGNATURE: *Edouard Saade* DATE **3/14/99** Daytime Phone # **305-858-1617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)