2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 565549

1. Entity Name
SONKIN, ALVAREZ & SAYER, M.D.'S, P.A.

Principal Place of Business	Mailing Address
5000 W. OAKLAND PARK BLVD. FLORIDA MEDICAL CENTER HOSPITAL LAUDERDALE LAKES, FL 33313	5000 W. OAKLAND PARK BLVD. PATHOLOGY DEPT LAUDERDALE LAKES, FL 33313 US

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02162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1795323

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAYER, BRIAN L
5000 W OAKLAND BLVD
LAUD LAKES, FL 33313

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000489680
04/18/06-80024-007 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	SONKIN, E DAVID
STREET ADDRESS	5000 W OAKLAND PK BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL 33313
TITLE	VD
NAME	ALVAREZ, MANUEL R
STREET ADDRESS	5000 W OAKLAND PK BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL 33313
TITLE	STD
NAME	SAYER, BRIAN L
STREET ADDRESS	5000 W OAKLAND PK BLVD
CITY-ST-ZIP	FL LAUDERDALE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Brian L Sayer BRIAN L SAYER STD 3/30/06 954-486-6832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #