# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2011**
**Secretary of State**

DOCUMENT# 565549

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

**Current Principal Place of Business:**

5000 W. OAKLAND PARK BLVD.
FLORIDA MEDICAL CENTER HOSPITAL
LAUDERDALE LAKES, FL 33313

**New Principal Place of Business:**

7390 N.W. 5TH ST.
SUITE 5
PLANTATION, FL 33317

**Current Mailing Address:**

5000 W. OAKLAND PARK BLVD.
PATHOLOGY DEPT
LAUDERDALE LAKES, FL 33313 US

**New Mailing Address:**

7390 N.W. 5TH ST.
SUITE 5
PLANTATION, FL 33317

**FEI Number: 59-1795323** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SAYER, BRIAN L
2394 RIVERLANE TERRACE
FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE: _____ 01/05/2011
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: SONKIN, E DAVID
Address: 7390 NW 5TH ST, SUITE 5
City-St-Zip: PLANTATION, FL 33317

Title: VD
Name: SAYER, BRIAN
Address: 2394 RIVERLANE TER.
City-St-Zip: FT LAUDERDALE, FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN L. SAYER VD 01/05/2011
Electronic Signature of Signing Officer or Director — Date