

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-31-2005 90006 022 \*\*\*150.00

**DOCUMENT # 601802**



1. Entity Name  
**DRS. NICHOL, PHILLIPS, ELIAS, SAYFIE AND CASSIS,  
P.A.**

Principal Place of Business

**4701 N. MERIDIAN AVE.  
7460  
MIAMI BEACH, FL 33140 US**

Mailing Address

**4701 N. MERIDIAN AVE.  
7460  
MIAMI BEACH, FL 33140 US**

2. Principal Place of Business

**3801 BISCAYNE BLVD**

3. Mailing Address

**3801 BISCAYNE BLVD**



05202005

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

**3RD FLOOR**

Suite, Apt. #, etc.

**3RD FLOOR**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**59-1289680**

Applied For

Not Applicable

Zip

**33137**

Country

**USA**

Zip

**33137**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RAZOOK, RICHARD ESQ  
1111 BRICKELL AVENUE, #2500  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ELIAS, RICHARD A. M</b>	
STREET ADDRESS	<b>4701 N. MERIDIAN AVE., SUITE 7460</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SAYFIE, EUGENE J. M</b>	
STREET ADDRESS	<b>4701 N. MERIDIAN AVE., SUITE 7460</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>CASSIS, DANIEL L. M</b>	
STREET ADDRESS	<b>4701 N. MERIDIAN AVE., SUITE 7460</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3801 BISCAYNE BLVD, 3RD FL</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3801 BISCAYNE BLVD, 3RD FL</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3801 BISCAYNE BLVD, 3RD FL</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33137</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Richard A. Elias MD* **Richard A. Elias MD Pres.** **305-273-6694**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #