

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$575)**

**APPROVED  
AND  
FILED**

95 JUL -6 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 603917 (6)**

1. Corporation Name  
**THEODORE SARAFUGLU M.D., PA**

Principal Place of Business: **8950 NORTH KENDALL DRIVE SUITE 408 MIAMI FL 33176**  
Mailing Address: **8950 NORTH KENDALL DRIVE SUITE 408 MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business State, Apt. #, etc.	22. Mailing Address State, Apt. #, etc.
23. City & State	24. City & State
25. Latitude	26. Longitude

3. Date Incorporated or Qualified: <b>11/16/1972</b>	3a. Date of Last Report: <b>02/16/1994</b>
4. FEI Number: <b>59-1423225</b>	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required: <input type="checkbox"/>
6. <input type="checkbox"/>	\$5.00 May Be Added to Fees: <input type="checkbox"/>
7. This corporation has liability for incomplete tax returns > 100 (YES) Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SARAFUGLU, THEODORE MD 8740 N KENDALL DR MIAMI FL 33176</b>	STE 110	10. Name and Address of New Registered Agent
		81. Name: <b>THEODORE SARAFUGLU, MD</b>
		82. Street Address (P.O. Box Number is Not Acceptable): <b>8950 North Kendall Dr STE 408</b>
		83. City: <b>MIAMI FL</b>
		84. City: <b>MIAMI FL</b>
		85. Zip Code: <b>33176</b>

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 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 607.0508, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13.	
12.1	<b>P SARAFUGLU, THEODORE 8950 N. KENDALL DR. MIAMI FL 33176</b>	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2		13.2 NAME	
12.3		13.3 STREET ADDRESS	
12.4		13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		13.5 TITLE	
12.6		13.6 NAME	
12.7		13.7 STREET ADDRESS	
12.8		13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9		13.9 TITLE	
12.10		13.10 NAME	
12.11		13.11 STREET ADDRESS	
12.12		13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13		13.13 TITLE	
12.14		13.14 NAME	
12.15		13.15 STREET ADDRESS	
12.16		13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17		13.17 TITLE	
12.18		13.18 NAME	
12.19		13.19 STREET ADDRESS	
12.20		13.20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and is not required by the exemption stated in Tax Law 1993-02, (10) Florida Statutes. I further certify that the information furnished on this filing is true and accurate and that my report on this filing is correct and true to the best of my knowledge and belief. I am a resident of this state and am duly qualified to act as a registered agent. I am familiar with, and accept the obligations of, the provisions of Chapter 607, Florida Statutes, and that my name appears in block 12 of this filing if changed, or as an addition with an address.

SIGNATURE: *Theodore Sarafoglu* **THEODORE SARAFUGLU** 6/22/95 305-271-6159  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR