


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State

03-05-2004 90013 019 ***150.00

DOCUMENT #603917 1. Entity Name THEODORE SARAFUGLU M.D., PA	
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Principal Place of Business 8950 NORTH KENDALL DRIVE SUITE 406 MIAMI, FL 33176 US	Mailing Address 8950 NORTH KENDALL DRIVE SUITE 406 MIAMI, FL 33176 US
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44015532



2. Principal Place of Business 8940 N Kendall Dr. Suite, Apt #, etc. SUITE 707E	3. Mailing Address 8940 N Kendall Dr. Suite, Apt #, etc. SUITE 707E
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03022004 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 59-1423225	Applied For Not Applicable
Zip 33176	Country USA	Zip 33176	Country USA

6. Certificate of Status Desired <input type="checkbox"/>	8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

SARAFUGLU, THEODORE M
8940 N KENDALL DR
STE 707E
MIAMI, FL 33176

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 Theodore Sarafoglu DATE 3-2-04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SARAFUGLU, THEODORE <input type="checkbox"/> Delete 8950 N. KENDALL DR. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Theodore Sarafoglu DATE: 3-2-04 DAYTIME PHONE #: 305-271-6159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR