


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2004 90013 019 \*\*\*150.00

<b>DOCUMENT #603917</b> 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.	3. Mailing Address 8940 N Kendall Dr.
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Suite, Apt #, etc. SUITE 707E	Suite, Apt #, etc. SUITE 707E
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City & State Miami, FL	City & State Miami, FL
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Zip 33176	Country USA	Zip 33176	Country USA
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03022004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1423225	Applied For Not Applicable
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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	
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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)

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SARAFUGLU, THEODORE 8950 N. KENDALL DR. MIAMI, FL 33176 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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