

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90114 015 ***550.00

0390031 AV

DOCUMENT # 603917

1. Entity Name
THEODORE SARAFUGLU M.D., PA



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



2. Principal Place of Business

8940 North Kendall Dr.

Suite, Apt. #, etc.
707 E

City & State
MIAMI - FL 33176

Zip
33176

Country
USA

3. Mailing Address

8940 North Kendall Dr.

Suite, Apt. #, etc.
707 E

City & State
MIAMI - FL 33176

Zip
33176

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1423225

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARAFUGLU, THEODORE M
~~8950 NORTH KENDALL DRIVE, SUITE 406~~
MIAMI FL 33176

7. Name and Address of New Registered Agent

8940 N. KENDALL
DRIVE
SUITE 707 E
MIAMI FL 33176

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SARAFUGLU, THEODORE	
STREET ADDRESS	8950 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: SARAFUGLU, THEODORE M
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/03 305-271-6159
Date Daytime Phone #

CR2E034 (10/02)