

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90038 026 ***150.00

DOCUMENT # 683253 1. Entity Name SAM SCIME, M.D., P.A. <i>See NAME change attached</i>																													
Principal Place of Business 7301 N UNIVERSITY DR 7401 N. UNIVERSITY SUITE 200-202 TAMARAC, FL 33321		Mailing Address 7301 N UNIVERSITY DR 7401 N. UNIVERSITY SUITE 200-202 TAMARAC, FL 33321																											
2. Principal Place of Business - No P.O. Box # 7401 N. UNIVERSITY DR Suite, Apt. #, etc. #202 City & State TAMARAC FL Zip 33321		3. Mailing Address 7401 N. UNIVERSITY DR Suite, Apt. #, etc. #202 City & State TAMARAC FL Zip 33321																											
4. FEI Number 59-2032393		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent SCIME, SAM 7301 N UNIVERSITY DR SUITE 200-202 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name SAMUEL G. SCIME Street Address (P.O. Box Number is Not Acceptable) 7401 N. UNIVERSITY DRIVE SUITE 202 City TAMARAC FL Zip Code 33321																											
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: <i>[Signature]</i> SAMUEL G. SCIME 3-10-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> DP <input type="checkbox"/> Delete SCIME, SAM 7301 N UNIVERSITY DR TAMARAC FL, 33321 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> Full name + ID ADDRESS change ABOVE </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete SCIME, SAM 7301 N UNIVERSITY DR TAMARAC FL, 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Full name + ID ADDRESS change ABOVE	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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> DR. SAMUEL G. SCIME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7401 N. UNIVERSITY DRIVE #202 TAMARAC, FL 33321 </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SAMUEL G. SCIME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7401 N. UNIVERSITY DRIVE #202 TAMARAC, FL 33321	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	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03-10-08 974-721-8330 <small>Date Daytime Phone #</small>																											

ATTACHMENT

683253

State of Florida

40045701



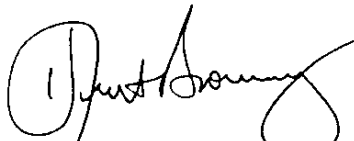
Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on January 29, 2008, to Articles of Incorporation for SAM SCIME, M.D, P.A. which changed its name to SAMUEL G. SCIME M.D. P.A., a Florida corporation, as shown by the records of this office.

The document number of this corporation is 683253.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
First day of February, 2008




Kurt S. Browning
Secretary of State