

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT #683759 1. Entity Name SIDNEY N. INDGIN, M.D., P.A.	
---	---

Principal Place of Business 7400 N KENDALL DR STE 518 MIAMI, FL 33156 US	Mailing Address 7400 N KENDALL DR STE 518 MIAMI, FL 33156 US
---	---

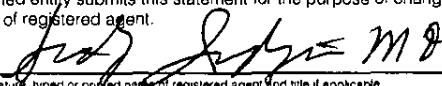
DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2038091	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

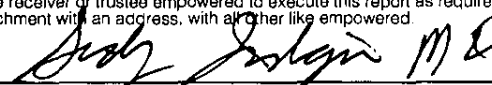
6. Name and Address of Current Registered Agent INDGIN, SIDNEY N., M.D. PA 7400 N. KENDALL DRIVE STE 518 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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.		2/11/08
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U000000843477 03/11/08-80071-004 150.00
---	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INDGIN, SIDNEY N, M D PA 7400 N. KENDALL DRIVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.		2/11/08	305-670-046
SIGNATURE:	(NOTE: Signature and typed or printed name of signing officer or director)	DATE	Daytime Phone #