

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90258 002 \*\*\*150.00

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03212005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 697711</b> 1. Entity Name <b>MARK A. ZAGER, M.D., INC.</b>					
Principal Place of Business <b>% PACKMAN, NEUWAHL &amp; ROSENBERG</b> <b>1500 SAN REMO AVE., #125</b> <b>CORAL GABLES, FL 33146</b>				Mailing Address <b>7540 SW 61ST AVENUE</b> <b>MIAMI, FL 33143</b>	
2. Principal Place of Business <b>7540 SW 61st Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1500 San Remo Avenue</b> Suite, Apt. #, etc.		4. FEI Number <b>59-2120213</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Miami, FL</b>		City & State <b>Coral Gables, FL</b>			
Zip <b>33143</b>	Country <b>USA</b>	Zip <b>33146</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>ATRIUM REGISTERED AGENTS, INC</b> <b>1500 SAN REMO AVENUE, STE 125</b> <b>CORAL GABLES, FL 33146</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>ZAGER, MARK A.</b> <b>7540 SW 61ST AVENUE</b> <b>MIAMI, FL</b> <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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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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	