

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90071 020 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #697711

1. Entity Name

MARK A. ZAGER, M.D., INC.



Principal Place of Business

% PACKMAN, NEUWAHL & ROSENBERG
1500 SAN REMO AVE., #125
CORAL GABLES, FL 33146

Mailing Address

3721 HIBISCUS ST
MIAMI, FL 33133

2. Principal Place of Business

3. Mailing Address

7540 SW 61st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Miami, Florida

4. FEI Number

59-2120213

Applied For

Not Applicable

Zip

Country

Zip

Country

33143

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC
1600 SAN REMO AVENUE, STE 125
CORAL GABLES, FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

a) 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ZAGER, MARK A.
7540 SW 61ST AVENUE
MIAMI, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. ZAGER

305-666-8691

7/23/03

Daytime Phone #

CR2E034 (10/02)