

FILED
May 16, 2007 8:00 am
Secretary of State

04-24-2007 90105 001 *1,800.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/2

DOCUMENT # F02000001062

1. Entity Name
JAMES G. SAALFIELD, M.D., P.A.



Principal Place of Business
**1001 WALDROP DR
708
ARLINGTON, TX 76012**

Mailing Address
**P.O. BOX 120549
ARLINGTON, TX 76012**

00010070



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2836209

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARUNIAK, NICHOLAS A M.D.
1314 SUMTER STREET, SUITE 5
LEESBURG, FL 34748**

**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.

SIGNATURE

Nicholas A. Maruniak MD

4/16/07

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD SAALFIELD, JAMES G M.D. 5500 DRANE DALLAS, TX 75209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07 *817-303-4521 x207*

Date

Daytime Phone #