

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90036 044 ***158.75

DOCUMENT # F10810

1. Entity Name
EVERETT V. SUGARBAKER, M.D., P.A.



Principal Place of Business
**1500 BRICKELL AVE., SUITE 1
MIAMI, FL 33129**

Mailing Address
**1500 BRICKELL AVE., SUITE 1
MIAMI, FL 33129**

50009936

2. Principal Place of Business
1300 NW 167th St,

3. Mailing Address
Same

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33169

Country
USA

Zip

Country

03012006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2042583

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, CHARLES O., JR.
1300 N.W. 167TH ST.
MIAMI, FL EF, FL 33169**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PST
SUGARBAKER, EVERETT V
1500 BRICKELL AVE
MIAMI, FL 33129** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director / Pres / Pres Rep
Charles O. Morgan Jr.
1300 NW 167th St, #3
Miami FL 33169** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Charles O. Morgan Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

(305) 624-0011

Date

Daytime Phone #

ATTACHMENT 50009936
HF 10810
Charles O. Morgan, Jr., P.A.
Attorneys at Law

1300 NORTHWEST 167TH STREET
SUITE 3
MIAMI, FLORIDA 33169

CHARLES O. MORGAN, JR.
LAURA M. HORTON
TERESA A. PEREZ

TELEPHONE (305) 624-0011
FAX (305) 624-0423
cmorganjr@aol.com

April 4, 2006

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Everett V. Sugarbaker, M.D., P.A.

To Whom It May Concern:

Enclosed please find the 2006 For Profit Corporation Annual Report for the above captioned corporation.

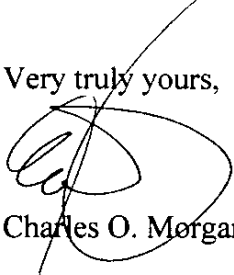
Also enclosed is a check for \$158.75 to cover the following fees:

1.	Annual Report filing	\$	150.00
2.	Certificate of Status		<u>8.75</u>
		\$	158.75

Please file accordingly and forward as indicated the certificate of status when ready.

Thank you for your cooperation in this matter.

Very truly yours,


Charles O. Morgan, Jr.

COM:nc
Enclosures: as stated
Cc: David J. Sugarbaker, MD