:UMENT # F11885

Name

HLY E. SAGER, O.D., P.A.

FILED
Feb 21, 2000 8:00 a
Secretary of State
02-21-2000 90044 033 ***150.00

Place of Business	Mailing Address
HILL RD FL 33324	823 N NOB HILL RD PLANTATION FL 33324-1038 US

813018

DO NOT WRITE IN THIS SPACE

Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
State	City & State
Country	Zip / Country

4. FEI Number 59-2061232 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ER, JEFFREY E, OD
N NOB HILL RD
ANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

is eligible to satisfy its intangible ... and elects to do so. ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD SAGER, JEFFREY E 9620 NW 10TH CT PLANTATION FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

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 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 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 11 or Block 12 if or on an attachment with an address, with all other like empowered.

.:URE X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/11/00 Date

X 954-476-7631 Daytime Phone #