

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 24, 2006 08:00 AM

Secretary of State

DOCUMENT # F26888

1. Entity Name
SAMI SEHAYIK, M.D., P.A.



Principal Place of Business
**1983 PGA BLVD
SUITE 105
N. PALM BEACH, FL 33408**

Mailing Address
**1983 PGA BLVD
SUITE 105
N. PALM BEACH, FL 33408**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2077727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEHAYIK, SAMI
1983 PGA BLVD SUITE 105
N. PALM BEACH, FL 33408**

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

**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	PD
NAME	SEHAYIK, SAMI
STREET ADDRESS	1983 PGA BLVD #105
CITY-ST-ZIP	NO PALM BEACH, FL
TITLE	ST
NAME	SEHAYIK, SAMI
STREET ADDRESS	1983 PGA BLVD #105
CITY-ST-ZIP	NO PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000399908
07/01/06-80032-007 150.00

**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

Date _____ Daytime Phone # _____

Accounts • Bill Pay & e-Bills • Transfer Funds • Investments • Customer Service
Search • Locations • Mail • Help • Site Map • Sign Off