

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G02533**

(9)

1. Corporation Name

DONALD J. SAYET, M.D., P.A.

Principal Place of Business

**3935 BISCAYNE BLVD.
P.O. BOX 144094 CORAL GABLES, FL
MIAMI FL 33137**

Mailing Address

**3935 BISCAYNE BLVD.
P.O. BOX 144094 CORAL GABLES, FL
MIAMI FL 33137**



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**SAYET, DONALD J., M.D.
741 SAN BRUNO
CORAL GABLES FL 33143**

3. Date Incorporated or Qualified
09/30/1982

3a. Date of Last Report
02/22/1995

4. FEI Number

59-2216386

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0512 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby adopting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1. TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
2. TITLE	2. TITLE
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CITY, ST, ZIP	CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that the information indicated on this annual report or supplemental annual report, that I am an officer or director of this corporation, or the receiver or trustee thereof, appears in Block 12 or Block 13 if changed, or on an amendment to this address.

I do hereby certify for the exemption stated in Section 119.02(3)(g), Florida Statutes, I further do and accurate and that my signature shall have the same legal effect as if made under to execute this report and report by Chapter 607, Florida Statutes; and that my name

4/4/96 305-573-3804

CR2E034 (12/95)