


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90278 040 ***158.75

DOCUMENT # G63786			
1. Entity Name FLEUR SACK, M.D., P.A.			
Principal Place of Business 8755 S.W. 94TH STREET MIAMI, FL 33176		Mailing Address 8755 S.W. 94TH STREET MIAMI, FL 33176	
2. Principal Place of Business 11400 SW 94th Ave		3. Mailing Address 11400 SW 94th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33176	Country	Zip 33176	Country
6. Name and Address of Current Registered Agent GLASSER, GENE 2021 TYLER STREET HOLLYWOOD, FL 33022		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SACK, FLEUR 11400 SW 94 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 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: Fleur Sack		Date: 4/26/04 Daytime Phone #: 305-238-0044	

J404070J



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2326556 Applied For
Not Applicable

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