

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90087 030 ***150.00

DOCUMENT # **H67831**

1. Corporation Name

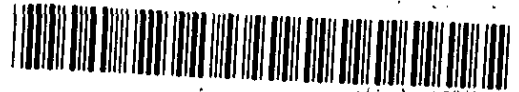
TEW A. SAK, M.D., P.A.

Principal Place of Business

**6719 GALL BLVD
STE 107
ZEPHYRHILLS FL 33541
US**

Mailing Address

**6719 GALL BLVD
STE 107
ZEPHYRHILLS FL 33541
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1985

4. FEI Number

59-2546299

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 owes the current year intangible
Personal Property Tax.

☐ 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

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Legible or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

4/24/00

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

1. NAME	DP	☒ DELETE
2. ADDRESS	SAK, TEW A.	
3. CITY	6719 GALL BVD, STE 207	
4. STATE	ZEPHYRHILLS FL	
5. ZIP		
6. NAME	P	☐ DELETE
7. ADDRESS	SAK, TEW A	
8. CITY	6719 GALL BLVD STE 107	
9. STATE	ZEPHYRHILLS FL	
10. ZIP		
11. NAME		☐ DELETE
12. ADDRESS		
13. CITY		
14. STATE		
15. ZIP		
16. NAME		☐ DELETE
17. ADDRESS		
18. CITY		
19. STATE		
20. ZIP		
21. NAME		☐ DELETE
22. ADDRESS		
23. CITY		
24. STATE		
25. ZIP		

13. 1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	

CR2E034 (1/98)

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 contained on this annual report or supplemental annual 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 12 or Block 13 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

[Signature] *[Signature]* **4/24/00**

Date

Signature Phone #