

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90043 043 ***150.00

DOCUMENT # H67831

1. Entity 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**

*change by
Post office*

10011034



2. Principal Place of Business
6719 GALL BLVD.

3. Mailing Address
6719 GALL BLVD

Suite, Apt. #, etc.
SUITE 107

Suite, Apt. #, etc.
SUITE 107

City & State
ZEPHYRHILLS, FL.

City & State
ZEPHYRHILLS, FL.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2546299**

Applied For
☐ Not Applicable

Zip **33542** Country **U.S.A.**

Zip **33542** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAK, TEW A.
6719 GALL BLVD
STE 107
ZEPHYRHILLS FL 33541**

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 *TEW SAK*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **JAN 17 / 02**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	P SAK, TEW A 6719 GALL BLVD STE 107 ZEPHYRHILLS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 7 / 02 (813) 7824113

CR2E034 (10/02)