

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79528

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** MICHAEL P. SASSARIS, M. D., P. A.

**Current Principal Place of Business:**

3920 BEE RIDGE RD  
BLDG C STE A  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

3920 BEE RIDGE RD  
BLDG C STE A  
SARASOTA, FL 34233 US

**New Mailing Address:**

**FEI Number:** 59-2578279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SASSARIS, MICHAEL P.  
3920 BEE RIDGE RD.  
BUILDING C, SUITE A  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: SASSARIS, MICHAEL P.  
Address: 3920 BEE RIDGE RD. #A  
City-St-Zip: SARASOTA, FL 34233 US

Title: S  
Name: SASSARIS, ELECTRA  
Address: 3920 BEE RIDGE RD. #A  
City-St-Zip: SARASOTA, FL 34233 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL P. SASSARIS, M.D.

OWNE

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date