

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001469956  
-05/01/95--01086--018  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # J22953 (0)

1. Corporation Name

SACHS, MORRIS & SKLAVER INFECTIOUS DISEASE CONSU  
LTANTS, P.A.

Principal Place of Business

7353 NW 4 STREET  
PLANTATION FL 33317

Mailing Address

7353 NW 4 STREET  
PLANTATION FL 33317

3. Date Incorporated or Qualified

07/09/1986

3a. Date of Last Report

03/07/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

29

30

4. FEI Number

59-2779847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

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

9. Name and Address of Current Registered Agent

SCHNEIDER, LAZ L  
600 CORPORATE DR.  
SUITE 400  
FT. LAUDERDALE FL 33310

10. Name and Address of New Registered Agent

81 Name

DERYL COUCH

82 Street Address (P.O. Box Number is Not Acceptable)

515 E. LAS OLAS BVD, Suite 1500

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33301

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

C. Deryl Couch

4/26/95

(Signature, typed or printed name of registered agent and title if applicable)

(Signature, typed or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

|                |                  |
|----------------|------------------|
| TITLE          | DP               |
| NAME           | SACHS, JOSEPH M. |
| STREET ADDRESS | 7353 NW 4TH ST   |
| CITY, ST, ZIP  | PLANTATION FL    |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and chosen not equally for the description stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated 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 497, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

(Signature, typed or printed name of signing officer or director)

2/28/95

305-5846320