


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # K14668 1. Entity Name CARLOS A. SABATES, M.D., P.A.	
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Principal Place of Business % CARLOS A. SABATES MD 747 PONCE DE LEON BLVD #602 CORAL GABLES, FL 33134	Mailing Address % CARLOS A. SABATES MD 747 PONCE DE LEON BLVD #602 CORAL GABLES, FL 33134
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02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0035510	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABATES, CARLOS A. MD
747 PONCE DE LEON BLVD
SUITE 602
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000072715
 11/10/02/04-80006-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABATES, CARLOS A. MD 747 PONCE DE LEON BLVD CORAL GABLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 reports 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 to this address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04 305-443-9342
Date Daytime Phone #