


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90008 035 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # K22787

1. Corporation Name
SACHS, MORRIS & SKLAVER MEDICAL EDUCATION & DIAGNOSTIC SERVICES, P.A.



Principal Place of Business
 7353 NW FOURTH STREET
 PLANTATION FL 33317

Mailing Address
 7353 NW FOURTH STREET
 PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1988

4. FEI Number
65-0048715

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. Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

SCHNEIDER, LAZ L
600 CORPORATE DR
SUITE 400
FORT LAUDERDALE FL 33334

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SACHS, JOSEPH M.	
STREET ADDRESS	7353 NW 4TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	SKLAVER, ALLEN	
STREET ADDRESS	7353 NW 4TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	MORRIS, JAMES	
STREET ADDRESS	7353 NW 4TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREW MORRIS, MICHELE	
1.3 STREET ADDRESS	7353 NW 4TH ST	
1.4 CITY-ST-ZIP	PLANTATION, FL 33317	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MESTRE, ALBERTO	
2.3 STREET ADDRESS	7353 NW 4TH ST	
2.4 CITY-ST-ZIP	PLANTATION FL 33317	
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 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 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.

SIGNATURE: SIGNATURE: *Allen Sklaver* **8/2/99** **954-5846320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)