


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90032 027 ***150.00

DOCUMENT # K22787

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



Principal Place of Business Mailing Address
 7353 NW FOURTH STREET 7353 NW FOURTH STREET
 PLANTATION, FL 33317 PLANTATION, FL 33317

54006474



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02102004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0048715 Not Applicable

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

6. Name and Address of Current Registered Agent

SKLAVER, ALLEN
7353 NW 4TH ST
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing)
 Signature, typed or printed name of registered agent and title if applicable. DATE

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SKLAVER, ALLEN 7353 NW 4TH ST PLANTATION, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MORRIS, JAMES 7353 NW 4TH ST PLANTATION, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MORRIS, MICHELLE 7353 NW.4TH.ST FORT LAUDERDALE, FL 33317 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MESTRE, ALBERTO 7353 NW 4TH ST FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS DENNEY-REID, CAROLYN 7353 NW 4thST PLANTATION, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Allen Sklaver* 2/11/04 9545846320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #