


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # K22787
1. Entity 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



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0048715 Applied For
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**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SKLAVER, ALLEN 7353 NW 4TH ST PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, JAMES 7353 NW 4TH ST PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DENNEY-REID, CAROLYN 7353 NW 4TH ST. FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MESTRE, ALBERTO 7353 NW 4TH ST FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/05-80021-001 150.00

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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 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: *James Morris* 2/22/05 9545846320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #