


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 10, 2008 8:00 am**  
**Secretary of State**

09-10-2008 90001 022 \*\*\*550.00

**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**

07292008 No Chg-P CR2E034 (11/05)

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**

B. 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SKLAVER, ALLEN
STREET ADDRESS	7353 NW 4TH ST
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	DP
NAME	MORRIS, JAMES
STREET ADDRESS	7353 NW 4TH ST
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	<del>DS</del>
NAME	<del>DENNEY-REID, GAROLYN</del>
STREET ADDRESS	<del>7353 NW 4TH ST</del>
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33317</del>
TITLE	DT
NAME	MESTRE, ALBERTO
STREET ADDRESS	7353 NW 4TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317
TITLE	D
NAME	PEREZ, DANIEL
STREET ADDRESS	7353 NW 4TH ST
CITY-ST-ZIP	PLANTATION, FL 33317
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 exemptions contained in Chapter 119, 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* Date: 8/6/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR