

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90012 025 ***150.00

DOCUMENT # L84613

1. Entity Name
LILLIAM SANABRIA, M.D., P.A.



Principal Place of Business

**8955 SW 87 CT.
SUITE 210
MIAMI, FL 33176 US**

Mailing Address

**8955 SW 87 CT.
SUITE 210
MIAMI, FL 33176 US**

4001700



2. Principal Place of Business

8740 NORTH KENDALL DR.

Suite, Apt. #, etc.

106

3. Mailing Address

8740 N. KENDALL DRIVE

Suite, Apt. #, etc.

02102006 Chg-P CR2E034 (11/05)

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33176

Country

Zip

33176

Country

4. FEI Number
65-0200580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANABRIA, LILLIAM
8955 SW 87 CT
SUITE 210
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name

SANABRIA, LILLIAM

Street Address (P.O. Box Number is Not Acceptable)

8740 NORTH KENDALL DRIVE

SUITE 106

City

MIAMI

FL

Zip Code

33176

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PD
SANABRIA, LILLIAM
8955 S W 87CT STE 210
MIAMI, FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SANABRIA, LILLIAM
8955 S W 87CT STE 210
MIAMI, FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**8740 NORTH KENDALL DRIVE, SUITE 106
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**8740 NORTH KENDALL DRIVE, SUITE 106
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *L L*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06

Date

Daytime Phone #