

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90002 013 ***550.00

DOCUMENT # P00000028195

1. Entity Name
RANDY A. SAG, M.D., P.A.



Principal Place of Business
500 NW 62ND STREET
455
FORT LAUDERDALE, FL 33309 US

Mailing Address
500 NW 62ND STREET
455
FORT LAUDERDALE, FL 33309 US

44050612



2. Principal Place of Business
9542 Shepard Place
Suite, Apt. #, etc.

3. Mailing Address
9542 Shepard Place
Suite, Apt. #, etc.

07052004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach, FL
Zip 33414 Country USA

City & State
West Palm Beach, FL
Zip 33414 Country USA

4. FEI Number
65-0991104
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TOMLINSON, JOHN L
500 NW 62ND STREET
SUITE 455
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
Name Alexandra C. Cook, CPA
Street Address (P.O. Box Number is Not Acceptable)
2328 10th Avenue N., Ste. 403
City Lake Worth FL Zip Code 33461

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 Alexandra C. Cook DATE 7/24/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAG, RANDY M.D.		NAME		
STREET ADDRESS	500 NW 62ND STREET STE 455		STREET ADDRESS	9542 Shepard Place	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/04

561 697-3001